

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Glastonbury DBA The Learning Experience Date: 7/16/25 Time: 2:15

Location Address: 20 Oak St. Glastonbury Telephone #: 860-781-8363

e-mail address: glastonbury@tlcchildcare.com License #: 70820 Expiration Date: 12/31/28

Capacity: 144/18 # of Children Present: 54 # of Staff Present: 16

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Investigation self-report.

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) - staffing - supervision - Staff failed to properly supervise children when one of the children in her care was in the hallway alone when 3 staff found him & returned him to his class.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/30/25

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Anguette Belcher