

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Glastonbury DBA TLE Date: 7/29/25 Time: 8:45

Location Address: 86 Oak St. Glastonbury Telephone #: 860-781-8363

e-mail address: glastonbury@technicare.com License #: 70800 Expiration Date: 12/31/28

Capacity: 142/78 # of Children Present: _____ # of Staff Present: _____

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>
--	---

Purpose of visit: follow up to case 2025-744

Observations/Corrections needed:

19a-79-4a(d)(4)(D) - Staffing - Supervision - in compliance

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: hfm

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)
Print Name: Dadasha Davis