

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MITRAS at Enfield DBA TVE Date: 7/30/25 Time: 10:15

Location Address: 11 Shaker Rd Enfield Telephone #: 800 835 5500

e-mail address: enfield @ tvechildcare.com License #: 70797 Expiration Date: 12/31/28

Capacity: 158/88 # of Children Present: 84/50 # of Staff Present: 19

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Self report Case 2025-761

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing Child behavior -  
Staff failed to manage a child's behaviors appropriately when  
they placed a preschool child in a crib to humiliate him  
and as a form of punishment.

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: 8/17/25

Signature: [Signature]  
(OEC Representative)

Print Name: Laura Hall

Signature: [Signature]  
(Person in Charge)

Print Name: Norah Lower