

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MITTAS at Enfield DBA TLE Date: 7/30/25 Time: 10:15^{AM}

Location Address: 11 Shaker Rd Enfield Telephone #: 860 835 5560

e-mail address: enfield@t1echildcare.com License #: 70797 Expiration Date: 12/31/28

Capacity: 15/88 # of Children Present: 84/90 # of Staff Present: 19

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature	<u>N/A</u>

Purpose of visit: Self report case 2025-765

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) - Staffing - supervision - staff failed to
supervise a child when they left the child outside the
playground door for several seconds and another staff
found him.

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: 8/13/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Nathan Tower