

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: ☒ Initial ☐ Unannounced Full ☐ Announced Full ☐ Partial ☐ Follow-Up ☐ Change of Location

Program Name:	Mittas at Avon DBA The Learning Experience	Date of Inspection:	8-27-25	Time of Arrival:	9:30 am
Address:	104 West Avon Rd.	License Number:	pending	Expiration Date:	n/a
Town:	Avon 06001	Telephone Number:	860-404-2260	Summer Care:	open
Operator:	Mittas at Avon, LLC	# of Staff Present:	3	# over 3 Present:	0
Email:	avon@tlechildcare.com	Total Capacity:	97	Total Under 3 capacity:	42
Designated Director:	Jennifer Urbanski	Hours/Days of Operation:	M-F 6 ³⁰ am to 6 ³⁰ pm		

Instruction Codes: ☒ = Regulation in Compliance ☐ = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☒ School Age (5y & up) ☐ Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

☒ 1. (c)(8) Local Health Inspection-Date: 7-11-25

ADMINISTRATION 19a-79-3a

- ☒ 2. (a) Ensuring health & safety of children
- ☒ 3. (b) Overall management of program
- ☒ 4. (b)(6) Employee orientation for new program staff
- ☒ 5. (b)(6) Annual policy training for program staff
- ☒ 6. (b)(7)(A) Child behavior management
- ☒ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- ☒ 8. (b)(7)(C) Child Protection
- ☒ 9. (b)(7)(E) Mandated Reporting
- ☒ 10. (c)(1-4) Notification of Change
- ☐ 11. POLICIES-COMLETE/IMPLEMENTED
 - ☐ (d)(2)(A) Discipline policy
 - ☐ (d)(2)(B)(C) Child Protection policy
 - ☐ (d)(3) Closing time policy
 - ☐ (d)(4)(A) Medical emergency policy
 - ☐ (d)(4)(B) Multi-Hazards policy-annual drill
 - ☐ (d)(5) Supervision policy
 - ☐ (d)(6) General Operating policies
 - ☐ (d)(6)(C) Administrative Oversight policy
 - ☐ (d)(7) Personnel policies
- ☒ 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- ☒ 13. ACCESS
 - ☒ (f) Immediate access by parents
 - ☒ (h) Immediate access by OEC-facility/records
- ☒ 14. (l) 2.8 yr olds in prek-authorization
- ☒ 15. (m) Motor vehicle laws-transportation
- ☒ 16. (n) Capacity
- ☒ 17. (o) Respond to OEC-no false, misleading statements or documents
- ☒ 18. POSTINGS
 - ☒ 3a(e)(1) License posted
 - ☒ 3a(e)(2) OEC Complaint Procedure posted
 - ☒ 3a(d)(6)(C) Administrative Oversight policy
 - ☒ 3a(e)(3) Menus posted
 - ☒ 3a(e)(4) No Smoking posted signs at entrances
 - ☒ 3a(e)(5) OEC Inspection report posted or available
 - ☒ 3a(e)(6) Dev. Milestones posted
 - ☒ 7a(e)(17) Radon Test posted (Schls-N/A)
 - ☒ 10((g)(8) Safe Sleep policy posted

STAFFING and CONSULTANTS 19a-79-4a

- ☒ 19. (a)(1) Staff health records
- ☒ 20. (a)(3) Disciplinary actions
- ☒ 21. (b) Comprehensive Background Checks
- ☒ 21a. (b)(2) Past employment history
- ☒ 22. (b)(4) Evidence of compliance with bknd cks/history
- ☒ 23. (d) Adequate staffing
- ☒ 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- ☒ 25. (d)(2) Two staff present-age 18 or older
- ☒ 26. (d)(3)(A-C) Personal qualities of staff
- ☒ 27. RATIOS
 - ☒ (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - ☒ (d)(4)(B) Mixed age group
 - ☒ (d)(6) Nap time ratio
 - ☒ (d)(4)(D) Supervision-Indoors/Outdoors
- ☒ 28. GROUP SIZE
 - ☒ (d)(5) Group Size-Indoors/Outdoors
 - ☒ (d)(5)(A) Group Size-school age field trips/outdoors
 - ☒ (d)(5)(B) Mixed age group-group size
- ☒ 30. (e)(1) Designated director-training
- ☒ 31. (f)(1) CPR certified program staff
- ☒ 32. (f)(2) First aid certified program staff
- ☒ 33. PROFESSIONAL DEVELOPMENT
 - ☒ (a)(2) Documentation of prof. dev/trainings
 - ☒ (h)(1) Health & Safety training
 - ☒ (h)(2) 1% annual hours
- ☒ 34. SWIMMING ACTIVITIES - Y/N
 - ☒ (4)(C)(ii-v) Swimming-Ratios
 - ☒ (4)(C)(i) Non-swimmers identified
 - ☒ (e)(6) CPR certified staff-age 20 or older
 - ☒ (e)(6) Lifeguard-certified-supervising
- ☒ 35. CONSULTANTS
 - ☒ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - ☒ (i) - Consultant agreements-signed annually-agreements complete w/required services
 - ☒ (F) Consultant logs-documented activities, observations and required services
 - ☒ (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	☒	☒	☒
Health	☒	☒	☒
Soc. Serv.	☒	☒	☒
Dietitian	☒	☒	☒

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Mittas at Avon DBA The Learning Experience	LICENSE NUMBER	pending	DATE OF INSPECTION	8-27-25
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RECORD KEEPING 19a-79-5a

- | | | |
|-----|--|--|
| 36. | (a)(1)(A-C) | Children's Enrollment information |
| 37. | | <u>PARENT PERMISSIONS</u> |
| | ☒ (a)(1)(D)(i) | Emergency medical permission |
| | ☒ (a)(1)(D)(ii) | Authorized release permission |
| | ☒ (a)(1)(D)(iii) | Field trip permission |
| | ☒ (a)(1)(D)(iv) | Transportation permission |
| 38. | (a)(2)(A-B) | Child Health Records |
| 39. | (a)(2)(C) | Immunization records |
| 40. | (a)(2)(E) | Individual care plan-signed by parents/staff |
| 41. | (a)(3)(A) | Injury, Illness, Incident, Accident reports |
| 42. | (a)(3)(B) | Parent notification of illness or injury |
| 43. | (a)(3)(C)(i-ii) | Notify OEC of serious injuries, fatality |
| 44. | (a)(3)(D) | Notify DPH, local health-reportable diseases |
| 45. | (a)(4) | Video recordings- keep 30 days |

HEALTH and SAFETY 19a-79-6a

- | | | |
|-----|---|--|
| 46. | (a)(1) | Preparation, transportation of food-follow
DPH Model Food Code (N/A) |
| 47. | (a)(2) | Nutritious meals and snacks |
| 48. | (a)(3) | Proper refrigeration-41 degrees |
| 49. | (a)(4) | Menus-1 wk in advance- keep 3 mths |
| 50. | (a)(5) | Food Service Inspection (N/A) |
| 51. | (a)(6) | Kitchen-clean/safe storage of food/supplies(N/A) |
| 52. | (a)(7) | Separate hand washing facilities |
| 53. | (a)(8) | Multi-use eating/drinking utensils |
| 54. | (a)(9) | Kitchen separated (N/A) |
| 55. | (a)(10) | Children supervised during meal prep |
| 56. | (a)(11) | Handwashing-staff/children |
| 57. | (b)(1) | Illness procedures-staff knowledgeable,
children observed for signs/symptoms |
| 58. | (b)(2) | Designated isolation area |
| 59. | ☒ (c) | <u>FIRST AID KITS</u> -portable, accessible to staff,
closed container-Indoor/Outdoor/Field Trips |
| | ☒ (c) | <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-
adhesive strips, 3-4" gauze squares, 2" rolled
gauze, tape, scissors, tweezers, 2 cold packs,
thermometer, gloves, CPR mouth barrier |
| | ☒ (d) | <u>FIRST AID SUPPLIES</u> -addt'l for field trips
water, phone, soap, emergency numbers,
medications, plastic bags (N/A) |

PHYSICAL PLANT 19a-79-7a

- | | | |
|-----|---|--|
| 62. | (a)(2) | Fire marshal codes/certificate 4-24-25 |
| 63. | (b) | Indoor/Outdoor space inspected/approved |
| 64. | (b)(1)-(5) | Construction/expansion/renovation/conversion |
| 65. | (b)(6) | Space not inspected/approved but used for
field trips-written parent permission |
| 66. | (c)(2) | Licensed premises-clean, good repair, hazard
free, maintenance program |
| 67. | (c)(3) | Building/Equipment/Furnishings-sanitary,
hazard free (N/A) |
| 68. | (c)(4) | Testing of premises/grounds for chemicals |
| 69. | | <u>WATER SUPPLY</u> - Public/Well (Schools-N/A) |
| | ☒ (c)(5)(A) | Lead Water Test - Date: 6/20/25 |
| | ☒ (c)(5)(B) | Bact./Chem Test-Date: (N/A) |
| | ☒ (c)(5)(C) | Drinking water available/accessible |
| 70. | ☒ (c)(6)(A) | <u>LEAD PAINT</u> -
Building Pre-78: Y/N Lead Test: Y/N |
| | ☒ (c)(6)(B-D) | Results _____
Lead Management Plan _____ |
| | ☒ | Peeling Paint - Y/N Inside/Outside |

PHYSICAL PLANT 19a-79-7a cont.

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|-----|--|---|
| 71. | (d)(1) | Emergency vehicle access |
| 72. | (d)(2) | Walkways maintained |
| 73. | (d)(3) | Windows protected to prevent falls |
| 74. | (d)(3) | Window screens |
| 75. | (d)(4) | Glass/mirrors protected- 36" |
| 76. | (d)(5) | Overhead doors-locking devices, spring
protectors (N/A) |
| 77. | (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |
| 78. | (d)(7) | Individual storage of clothing and bedding |
| 79. | | <u>SMOKING</u> |
| | ☒ (d)(8) | Smoking, vaping or other electronic nicotine
device prohibited on premises/grounds |
| | ☒ (d)(8) | Matches/lighters inaccessible |
| 81. | (d)(9) | Electrical safety - outlets inaccessible -
covered or protected |
| 82. | | <u>TOILETING</u> |
| | ☒ (d)(10)(A) | Shared toilets/sinks-supervision plan |
| | ☒ (d)(10)(B) | Toileting needs met |
| | ☒ (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | ☒ (d)(10)(C) | Required toilets/sinks-1:16 |
| | ☒ (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| | ☒ (d)(10)(E) | Handwashing staff/children |
| | ☒ (d)(10)(F) | Toilets/sinks located at the facility |
| | ☒ (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | ☒ (d)(10)(H) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A) |
| 83. | (d)(11) | Staff personal articles inaccessible |
| 84. | | <u>AIR TEMPERATURE</u> |
| | ☒ (e)(1) | Air temp 65 °F at 3 ft -non-mercury
thermometer affixed to wall |
| | ☒ (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| | (e)(3) | Water temperature 60°F-120°F |
| | (e)(4) | Portable space heaters prohibited |
| | ☒ (e)(5) | <u>WALLS/CEILINGS/FLOORS/RUGS</u> |
| | ☒ (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| | (e)(6) | Rugs- not a tripping/slipping hazard |
| | ☒ (e)(7) | Hot water/Steam pipes protected |
| | ☒ (e)(7) | <u>TELEPHONE/TELEPHONE NUMBERS</u> |
| | ☒ (e)(7) | Working phone on each level |
| | ☒ (e)(8) | Emergency numbers posted-adjacent to phones |
| | ☒ (e)(9) | Parents provided direct on site phone number |
| | ☒ (e)(9) | <u>LIGHTING</u> |
| | ☒ (e)(9) | All areas min. 1 foot candle of lighting |
| | ☒ (e)(9) | Adequate lighting-30/50 candle feet-
sufficient lighting to be visible |
| | (e)(10) | Enough lighting for comfort |
| | ☒ (e)(10) | Light fixtures shielded/shatter proof |
| | (e)(11) | Potentially hazardous substances, materials
labeled, inaccessible |
| | ☒ (e)(11) | Garbage/rubbish-disposed of daily,
containers in good repair |
| | ☒ (e)(12) | Stairs-protected/good repair-handrails |
| | ☒ (e)(13) | Toxic plants/materials inaccessible |
| | ☒ (e)(14-15) | Pets or other animals-in good health, written
care plan including access to children |
| | ☒ (e)(16) | Measures to prevent vermin |
| | ☒ (e)(17) | Radon test- Results: _____ (Schls-N/A) |
| | ☒ (e)(18) | Carbon monoxide detector-each level N/A |
| | ☒ (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| | ☒ (g)(1) | Equipment-clean and safe, good repair,
non-toxic-sturdy, free from protruding
nails, free from rust |
| | ☒ (g)(2) | Adequate equipment for rest-cleaned-cots
(Grp Homes only-mats/sleeping bags) |
| | ☒ (g)(3) | Air conditioners/water heaters/fuse boxes
inaccessible |
| | ☒ (g)(4) | Developmentally app equipment, materials |

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Mittas at Avon DBA The Learning Experience		pending		8.27.25					
PHYSICAL PLANT 19a-79-7a cont.					UNDER THREE ENDORSEMENT 19a-79-10 cont.				
108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls			128.	(e)(2)	<u>DIAPERING cont.</u>		
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around				(e)(3)	Diaper area: used only for this purpose, located in the program area		
110.	(j)	No weapons/no facsimile of a firearm				(e)(4)	Diaper area: non-porous surface/good repair		
111.		<u>OUTDOOR SPACE</u>				(e)(5)	Diaper area: washed/disinfected after use		
	(h)(1)	Adequate space- 75 sq. ft. per child				(e)(6-9)	Diaper area: disposable paper sheets		
	(h)(2)	Shock absorbing surfaces-minimum 8"				(e)(7)	Covered waste receptacle-removed daily		
	(h)(3)	Playground free from hazards				(e)(8)	Handwashing-staff/children		
	(h)(4)	Nuts, bolts, screws-tight, covered/protected				(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed		
	(h)(5)	Outside equipment anchored-anchors buried			129.	(f)(1)	Cloth diapers-written plan developed		
	(h)(6)	New equip- cert playg. Inspection upon request				(f)(2)	<u>LINENS/CLOTHING</u>		
	(h)(8)	Drinking water available/accessible				(f)(3)	Linens/emergency clothing available		
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous				(f)(4)	Linens washed weekly or as needed		
112.		<u>OUTDOOR PROTECTED/FENCED</u>			130.	(f)(4)	Linens/clothing stored individually		
	(h)(7)	Playground protected from traffic, water, gullies or other hazards				(g)(1)	Cribs/cots cleaned-linens changed when shared		
	(h)(7)(A)	Fences installed to protect from hazards-4 ft				(g)(1)	<u>SAFE SLEEP</u>		
	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks				(g)(1)	Under 12 mths placed on back for sleeping		
114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)				(g)(2)	Crib-snug fitting mattress/tightly fitted sheet		
	(i)	<u>WATER HAZARDS</u>				(g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file		
	(i)	Pools, swimming areas- (N/A)				(g)(4)	Infants allowed to adopt other sleep positions		
	(i)	Wading pools prohibited				(g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles		
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)				(g)(6)	No unapproved sleeping-car seats/swings/beds, etc.		
<u>EDUCATIONAL REQUIREMENTS 19a-79-8a</u>						(g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes		
115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents			131.	(g)(8)	Observe/assess infants at least every 15 minutes		
116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>				(h)(1)	Teething necklaces/bracelets, jewelry inaccessible		
	(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors				(h)(1)	Safe sleep policies - parents informed		
	(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes			135.	(h)(2)	<u>TOYS AND OTHER OBJECTS</u>		
					136.	(h)(2)	Infant toys-separate/washed/sanitized daily		
<u>UNDER THREE ENDORSEMENT 19a-79-10</u> Y/N						(i)(1)(2A-C)	Toddler toys-washed/sanitized weekly		
117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)					No toys/objects less than 1 1/4 " diameter		
118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)					Plastic bags/balloons/styrofoam inaccessible unless under direct supervision		
119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors			137.		Health consultant visits/documentation		
120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			138.		<u>FEEDING</u>		
121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC			139.	(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle		
122.	(d)(2)(Ai-iii)	Washable cots				(k)(1)	Written feeding schedule from parent-updated		
123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray				(k)(2)	Unused formula/milk discarded after feedings		
124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment				(k)(3)	Clean bottles/disposable bottles/appvd washing		
125.	(d)(2)(D)	Refrigerator and food prep facilities				(k)(4)	Baby food served from dish or whole jar		
126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free				(k)(5)	Bottles labeled with child's name		
127.	(d)(3)(A-C)	<u>DIAPERING</u>				(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)		
128.	(e)(1)	Diaper area: elevated/sturdy/safety rail				(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children		
<u>SCHOOL AGE ENDORSEMENT 19a-79-11</u> Y/N						(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety		
140.	(b)	Approved Schl Age Endorsement			140.	(c)	<u>SCHEDULE - ACTIVITIES</u>		
141.	(c)	Written daily program plan-flexible schedule- available to staff/parents			141.	(c)(1)	Activities not a duplication of child's day		
	(c)(1)	Activities include cognitive, physical, social, emotional needs of the children				(c)(2)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events		
	(c)(2)	Ratio- 1:15				(c)(3)	Group size- max. 30		
	(c)(3)	Group size- max. 30				(d)			
	(d)					(e)			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME		Mittas at Avon DBA The Learning Experience		LICENSE NUMBER	pending	DATE OF INSPECTION	8.27.25
SCHOOL AGE ENDORSEMENT 19a-79-11				MONITORING OF DIABETES 19a-79-13			
		Y ☒ N ☐		Y ☒ N ☐			
☐ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	☒ 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
☐ 146.	(g)	Designated Head teacher approved- 60%	☒ 172.	☒ (b)(1)(A)			
				☒ (b)(1)(B)			
				(i)-(iii)			
				☒ (b)(2)			
				☒ (b)(3)			
				☒ (c)(2)			
				(c)(3)			
				☒ 173.			
				☒ 174.			
				☒ 175.			
				☒ 176.			
				☒ 177.			
				☒ 178.			
				☒ 179.			
				(e)(1)			
				(e)(2)			
				(e)(3)			
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)							
		Y ☒ N ☐					
☐ 147.	(b)	Approved Night Care Endorsement					
☐ 148.	(b)(1)	Person in charge-head teacher					
☐ 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities					
☐ 150.	(b)(3)	Written plan for supervision including cot placement and evacuation					
☐ 151.	(b)(4)	Children in care no more than 12 hrs. in 24					
☐ 152.	(b)(5)	Staff awake and available					
☐ 153.		SLEEP PROVISIONS					
	☐ (b)(6)	Individual cot/crib with bedding					
	☐ (b)(6)(A)	Sleeping apparel/toiletries labeled					
	☐ (b)(6)(B)	Required bedding					
	☐ (b)(6)(C)	Required toiletries					
	☐ (b)(6)(D)	Bedding/sleeping apparel laundered weekly					
	☐ (b)(7)	Sleep arrangements for infants					
☐ 154.	(b)(8)	Air temp 65 °F at 3 ft					
☐ 155.	(b)(9)	Fire marshal approval-hours specified					
☐ 156.	(b)(10)	Local health approval					
ADMINISTRATION OF MEDICATIONS 19a-79-9a				ADDITIONAL VIOLATION			
		Y ☒ N ☐					
☒ 157.	(9a)	Written medication policies/procedures	☒ 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
☒ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes					
☒ 159.		NONPRESC. TOPICAL MEDICATION					
	☒ (a)(2)	Admin/Parent permission/report errors					
	☒ (a)(3)(A-B)	Labeling and Storage					
	☒ (a)(3)(C)	Unused/expired meds destroyed/returned					
☒ 160.		MEDICATION TRAINING					
	☒ (b)(1)(A/C)	Medication training-general-oral/top/inhalant					
	☒ (b)(1)(D)	Injectable premeasured autoinjector medication					
	☒ (b)(1)(E)	Rectal medication					
	☒ (b)(1)(F)	Injectable other than premeasured auto-injector					
	☒ (b)(2)(A-B)	Training approval documents/certificates					
	☒ (b)(2)(C)	Training outline on file					
☒ 161.	(b)(3)(A-B)	Authorized prescriber/parent permission					
☒ 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification					
☒ 163.	(b)(4)(A-B)	Medication Administration Records (MAR)					
☒ 164.	(b)(5)(A-B)	Labeling and Storage					
☒ 165.	(b)(5)(C)	Emergency medication inaccessible					
☒ 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned					
☒ 167.	(b)(5)(E)	Auto-injector/inhalant equipment					
☒ 168.	(b)(6)	Self-administration documentation					
☒ 169.	(b)(7)(A-B)	Petition for special medication authorization					
☒ 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)					
Signature of OEC staff				Signature of person in charge			
		Betty mayer			Jennifer Urbanski		
Printed Name				Printed Name			
		Betty Mayer			Jennifer Urbanski		
OEC DIVISION OF LICENSING				Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103				Written Corrective Action Plan			
Help Desk: (800)282-6063 or (860)500-4450				Due by:			
Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov				prior to licensure			
				CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf			

SUPPLEMENTAL REPORT OF INSPECTION

PAGE 5

Name of Program/Provider: Mittas at Avon DBA The Learning Experience License # pending Date: 8.27.25

Observations/Corrections needed:

Classroom Measurements:

Room 128

bathroom storage

$$15.05 \times 24.99 - (1.95 \times 8.02) - (2.10 \times 2.74) = 354.70 / 35 = 10.13$$

OK 10 TWO'S or 8 under two

Room 126

bath storage

$$15.44 \times 24.96 - (1.95 \times 8.02) - (2.10 \times 2.74) = 363.98 / 35 = 10.39$$

OK 10 TWO'S or 8 under two

Room 124

bath counter

$$15.79 \times 24.96 - (14.25 \times 3.84) - (6.02 \times 1.90) = 327.96 / 35 = 9.37$$

OK 8

Room 122

bath counter

$$15.88 \times 25.01 - (14.23 \times 3.82) - (6.02 \times 1.90) = 331.36 / 35 = 9.46$$

OK 8

Room 115

bath counter fridge

$$16.24 \times 25.08 - (14.23 \times 3.95) - (6.02 \times 1.90) - (2.55 \times 2.57) = 333.09 / 35 =$$

9.51 OK 8

Room 113

bath counter fridge

$$16.19 \times 25.12 - (3.87 \times 14.26) - (6.02 \times 1.90) - (2.55 \times 2.57) = 333.51 / 35 =$$

9.52 OK 8

Room 111

storage bath

$$32.90 \times 25.36 - (2.53 \times 2.10) - (4.07 \times 26.91) = 719.50 / 35 = 20.55$$

OK 20

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

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

Signature: Betty Mayer

(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jennifer Urbanski

(Person in Charge)

OEC BY: prior to licensure

Print Name: Jennifer Urbanski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Avon DBA The Learning Experience License # pending Date: 8.27.25

Observations/Corrections needed:

Room 107 storage

$$32.90 \times 25.40 - (2.49 \times 2.13) - (4.09 \times 26.85) = 720.53 / 35 = 20.58$$

OK 20

Room 106 bath storage

$$32.94 \times 17.79 - (7.21 \times 5.03) - (2.09 \times 2.76) = 543.96 / 35 = 15.54$$

OK 15

Room 135 (infants)

nursing room counter fridge

$$32.97 \times 16.71 - (3.84 \times 15.00) - (6.56 \times 1.90) - (2.65 \times 2.42) = 474.45 / 35 =$$

13.55 OK 8

Room 132 (infants)

nursing room counter fridge

$$32.94 \times 16.90 - (3.96 \times 15.00) - (6.56 \times 1.90) - (2.65 \times 2.42) = 478.40 / 35 =$$

13.66 OK 8

Room 129

bath storage wall

$$24.73 \times 32.96 - (11.22 \times 7.22) - (2.15 \times 2.49) - (9.51 \times 13.87) = 596.83 / 35 =$$

17.05 OK 17

Make Believe Boulevard (not counted in capacity)

bath storage

$$34.24 \times 25.00 - (9.17 \times 15.66) - (2.11 \times 2.74) = 706.61 / 35 = 20.18$$

OK 20

Toilets: 10

Sinks: 32

Total license capacity

97 with 42 under 3

★ Rooms 128, 124, 132 and 129 not fully furnished and not licensed at this time

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Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jennifer Urbanowski
(Person in Charge)

OEC BY: prior to licensure

Print Name: Jennifer Urbanowski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mittas at Avon DBA
The Learning Experience License # pending Date: 8.27.25

Observations/Corrections needed:

Playground MeasurementsUnder 3

$$49.4 \times 40.8 = 2,015.52 / 75 = 26.87$$

OK 10 TWO'S or 8
under twoover 3

$$49.2 \times 58.5 = 2,878.20 / 75 = 38.37$$

OK 38

Items to be corrected:

11 Program policies incomplete (send copy)

Discussed:

- Thermometer needed in room 106
- Administrative oversight policy to be posted.
- radon test to be conducted in November

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Signature: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jennifer Urbanski
(Person in Charge)OEC BY: prior to licensurePrint Name: Jennifer Urbanski