



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	MITTAS AT GLASTONBURY DBA THE LEARNING EXPERIENCE				License Number	DCCC.70800		Date of Inspection	09/24/2025	
					Expiration Date	12/31/2028		Time of Inspection	11:41 AM	
Address	86 OAK ST GLASTONBURY CT 06033-2300				Telephone	(860) 781-8363		Licensed Capacity	142	
					Hours of Operation	6:30 AM – 6:30 PM		Under Three Capacity	78	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 9 weeks years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	glastonbury@tlechildcare.com				
Operator	MITTAS AT GLASTONBURY, LLC				Director	ANQUANETTE DELOATH				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	26	# Total Children Present	42	# of Staff Present	12	Purpose of Visit	Partial inspection on Supervision for investigation case 2025-766		

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:


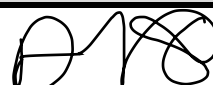
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Dackesha Davis	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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