

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Tyme Learning Center Date: 11/15/22 Time: 9:45am

Location Address: 17 Norton St, New Haven, CT 06511 Telephone #: 475-331-6125

e-mail address: Kidztyme19@gmail.com License #: 70570 Expiration Date: 9/30/24

Capacity: 16 # of Children Present: 12 # of Staff Present: 3

**Consent to Inspect
Family Child Care Home**

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

N/A

Purpose of visit: Complaint Investigation Case #2022-928

Observations/Corrections needed:

(S) 19a-79-4a(c)(2): Staffing - At least 2 staff on premises when 1 or more children are in attendance. - Per sign in records and staff interviews, program failed to have at least 2 staff present at all times that 1 or more children are in attendance, on one or more occasion at opening or closing.

(S) 19a-79-10(c)(2): Under three endorsement - Ratio - Per sign in records and staff interviews, under three classroom exceeded 1 to 4 ratio on one or more occasion, in the mornings before the 3rd teacher arrived for the day.

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: 11/29/22

Signature: _____

Stephanie Pia
(OEC Representative)

Signature: _____

Dieth Myers
(Person in Charge)