

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Tyme Learning Center Date: 1/9/23 Time: 2:45 pm

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

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

Capacity: 16 # of Children Present: 11 # 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: Follow up - Ratio

Observations/Corrections needed:

Observed compliance with ratio requirements at the time of the visit.

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: N/A

Signature: [Signature]

Print Name: [Signature] OEC Representative

Signature: [Signature]

Print Name: Rich Myers (Person in Charge)