

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Tech University Date: 3/22/23 Time: 2:00pm
Location Address: 1120 Boston Post Rd Telephone #: 203-691-6020
West Haven
e-mail address: lisachatman@yahoo.com License #: 70202 Expiration Date: 9/30/26
Capacity: 51 # of Children Present: 28 # of Staff Present: 4

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 <u>NA</u>
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Purpose of visit: Follow up to inspection dated 3/15/23

Observations/Corrections needed:

#18b - background checks in compliance at this time

#21: ratios during nap time observed to be not in compliance. observed 1 classroom with 12:1 and another with 11:1. with 2 children awake in one room and 4 in another

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: B (PM) 4/5/23

Signature: [Signature]
(OEC Representative)

Print: [Print Name]

Signature: _____
(Person in Charge)

Print: Lisa Chatman