☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Tech University Date: 4/11/23 Time: 3:40pm

Location Address: 1120 Boston Post Rd. West Haven Telephone #: 203-691-6020

e-mail address: lisachatman@yahoo.com License #: 10202 Expiration Date: 9/30/26

Capacity: 51 # of Children Present: 15 # 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*** _____

Purpose of visit: Follow up to inspection dated 3/22/23

Observations/Corrections needed:

#21: Ratios in compliance at this time

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: _____ *(OEC Representative)*

Print: _____

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____ *(Person in Charge)*

Print: Lisa Chatman