

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ms. Mia's TLC Group Daycare Date: 11/20/24 Time: 8:55AM

Location Address: 13-20 Compton St. 1st Fl New Haven, CT Telephone #: 203-205-4914

e-mail address: miaolu@yahoo.com License #: 80007 Expiration Date: 9/30/2027

Capacity: 12(10V3) # of Children Present: 10(9V3) # of Staff Present: 5

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow up to 9/10/24 full inspection

Observations/Corrections needed:

19a-79-4a(h)(2): observed no documentation of professional development for 1 staff
19a-79-4a(a)(2): observed no documentation of new employee orientation and
annual policy review by 1 staff

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: 12/1/2024

Signature: [Signature]
(OEC Representative)
Print Name: ALBERTA MECKEL
Signature: [Signature]
(Person in Charge)
Print Name: MIA FRANKLIN