

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kidz Time Learning Center Date: 7/21/25 Time: 10:45am
Location Address: 560 Ella Grasso Blvd New Haven, CT 06519 Telephone #: (475) 331-6125
e-mail address: kidz-time19@gmail.com License #: 70570 Expiration Date: 9.30.28
Capacity: 131 # of Children Present: 52 # of Staff Present: 20

**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: Complaint Investigation Case 2025-685

Observations/Corrections needed:

NS= 19a-79-7a(c)(2) No evidence to substantiate a/c system broken as it was a result of an accident and the power went out.

NS= 19a-79-7a(e) No evidence to substantiate. Program sent children home when temperature increased to 76 and stayed closed until repaired.

S= 19a-79-3a(d)(6)(b) Program does not have a policy which states room closures for contagious illnesses.

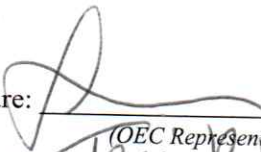
Program to email witness statements from all staff interviewed

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

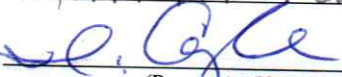
CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/4/25

Signature: 

(OEC Representative)

Print Name: Terri K Roberts

Signature: 

(Person in Charge)

Print Name: Ikeisha Cagle