

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Lane Inc Date: 8/6/25 Time: 8:50 AM
Location Address: 38 New Britain St Rocky Hill Telephone #: 8005636205
e-mail address: _____ License #: 16149 Expiration Date: 7/31/29
Capacity: 85/41 # of Children Present: 38 # of Staff Present: 9

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial for ratios from inspection 5/7/25

Observations/Corrections needed:

- Walk through conducted
- Rooms in compliance with ratios at this partial

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: KEITH MAN
Signature: [Signature]
(Person in Charge)
Print Name: Paul Brennan