

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MS. MIAS TLC Group Daycare Date: 7/29/25 Time: 9:40 AM

Location Address: 18-20 Compton St. 1st Fl. New Haven Telephone #: 203 865 4914

e-mail address: miadub4@yahoo.com License #: 80007 Expiration Date: 9.30.27

Capacity: 12/10 # of Children Present: 13/9 # 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>N/A</u>
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Purpose of visit: Complaint Investigation Case 2025-732

Observations/Corrections needed:

⑤ 19a-79-4a(d)(1) - Staffing - Head teacher - No documentation on site that head teacher is on site 100% of program operating hours.

⑤ 19a-79-3a(n) - Administration - Capacity - Observed 15 children at the program upon arrival.

⑤ 19a-79-10(c)(3) - Under three endorsement - Group size - Observed 15 children with mixed ages 3 and under in the group upon arrival.

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: 8/12/25

Signature: Jen Schultz
(OEC Representative)
Print Name: Laura Hill Jen Schultz

Signature: MIA FRANKLIN
(Person in Charge)
Print Name: MIA FRANKLIN