

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miriam's TLC Group Daycare Date: 10/30/25 Time: 9:40 am

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

e-mail address: Mia.dubet@yahoo.com License #: 80007 Expiration Date: 9/30/27

Capacity: 12/10 # of Children Present: 12 # 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: Follow up 2025-732

Observations/Corrections needed:

NS 9a-79-3a(n) - Capacity - No capacity violations

NS 19-79-10(c)(3) - Group size - No group size violations

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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill Jen/Schulz

Signature: [Signature]
(Person in Charge)

Print Name: MIA FRANKLIN