

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures DLC Date: 11/30/21 Time: 9:30
Location Address: 51 Shelton Rd. Monroe Telephone #: 203-459-1444
e-mail address: tinytreasuresmonroe@yahoo.com License #: 16323 Expiration Date: 2/21/25
Capacity: 47/22 # of Children Present: 35 # of Staff Present: 10

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 inspection

Observations/Corrections needed:

~~38 - 1 individual care plan not signed by staff~~ OK (km)
111 - Observed group size of 10 in toddlers; gate between
112 - 2 rooms open.

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: 11/23/21 12/14/21

(km)

Signature: Kawon Fortel
(OEC Representative)
Print Name: Kimi Morgan / Lauren Hill
Signature: Teresa Tartaglio
(Person in Charge)
Print Name: Teresa Tartaglio