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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Too! CDC Date: 12/6/21 Time: 10:45

Location Address: 41 Poverty Rd. Southbury Telephone #: 203-262-6424

e-mail address: tenderycarstoo@att.net License #: 70115 Expiration Date: 7/31/25

Capacity: 8/40 # of Children Present: _____ # of Staff Present: _____

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: follow up to full inspection on 10/26/21

Observations/Corrections needed:

no violations at this time.

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: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Karen Hummel