

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures Developmental LLC Date: 12/17/21 Time: 2:30

Location Address: 51 Shelton Rd. Monroe, CT Telephone #: 203-459-1444

e-mail address: tinytreasuresmonroe@yahoo.com License #: 16323 Expiration Date: 2/28/25

Capacity: 47/22 # of Children Present: 35 # of Staff Present: 6

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: follow up to inspection on 11/30/21

Observations/Corrections needed:

<u>19a-79-4a(c)(4)(A)</u>	<u>4:1</u>
<u>#21 - observed 2 classrooms <sup>out</sup></u>	<u>4:1</u>
<u>of ratio up stairs. 1 classroom was</u>	<u>4:1</u>
<u>4:0 the 2nd was 9:0. All three</u>	<u>10:3</u>
<u>teachers for the 3 classrooms were</u>	<u>4:0</u>
<u>in first room.</u>	<u>9:0</u>

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: 12/20/21

Signature: Kelony

(OEC Representative)

Print Name: Krish Morgan

Signature: Jessie Tagli

(Person in Charge)

Print Name: Jessie Tagli