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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures Dev. LLC. Date: 12/21/21 Time: 11:15

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

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

Capacity: 47/22 # of Children Present: 39 # of Staff Present: 7 (1)

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 on rubio

Observations/Corrections needed:

in compliance 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: [illegible] (OEC Representative)

Print Name: Lindsi Morgan

Signature: Teresa Fortunato (Person in Charge)

Print Name: Teresa Fortunato