

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: K' Tanim Nursery School Date: 5/4/22 Time: 1:35 pm
Location Address: 1200 Fairfield Woods Rd Fairfield, GA 30825 Telephone #: (203) 374-5544
e-mail address: kwedtk@bethel-fairfield.org License #: 16435 Expiration Date: 1/31/26
Capacity: 39 # of Children Present: 13 # of Staff Present: 2

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: Ratio Follow Up

Observations/Corrections needed:

No violations at this visit

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: Terril Roberts
(OEC Representative)
Print Name: Terril A Roberts
Signature: Kate Wedtke
(Person in Charge)
Print Name: Kate Wedtke