

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures Dev. Lng Center Date: 7/27/22 Time: 9:45 AM

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: 33 # of Staff Present: 8

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 <u>N/A</u>
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Purpose of visit: Consent Order Monitor #1

Observations/Corrections needed:

- Consent Order effective 4/13/22:
- NS Condition #7 - does not need to be met until 12/31/22
- NS Condition #8a - Policies revised by consultant and verification of implementation on site.
- 8b - Training on new policies held on 5/24 for staff
- 8c - First observation conducted - Per health consultant observations conducted at her weekly visits.
- NS Condition #9 - Education consultant contacted, coming bi-monthly two visits conducted 5/2022 and 7/2022. Evaluations and recommendations documentation on site.
- NS Condition #10 - Director + Asst. Director hours documented and on site.
- NS Condition #11 - All consultants received CO and reviewed.

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: [Signature]
(OEC Representative)
Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)
Print Name: Cheryl Iannucci