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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Too! Date: 9/12/22 Time: 2:30

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

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

Capacity: 85/40 # of Children Present: 55 # of Staff Present: 13(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 ratio

Observations/Corrections needed:

In Compliance

13:2

7:2

4:4

7:2

5:2

8:2

11:2

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: Lindsay Morgan

Signature: _____
(Person in Charge)

Print Name: Karen Hummel