

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: K Tanum Preschool at Congregation Beth EJ Date: 9/28/22 Time: 9am
Location Address: 1200 Fairfield Woods Rd Fairfield, GA 30825 Telephone #: (203) 374-5544
e-mail address: Kluedtke@bethelFairfield.org License #: 16435 Expiration Date: 1-31-26
Capacity: 42 # of Children Present: 27 (TR) # of Staff Present: 6 (TR)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Unannounced Partial

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.

Signature: Terrin R Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Kate Luedtke
(Person in Charge)