

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures Date: 11/29/22 Time: 11:00 am
Location Address: 51 Shelton Rd. Monroe Telephone #: 203 459 1444
e-mail address: tinytreasuresmonroe@yahoo.com License #: 14323 Expiration Date: 2/28/25
Capacity: 47/22 # of Children Present: 43 # of Staff Present: 9

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 #2

Observations/Corrections needed:

- Consent Order effective 4/13/22:
- NS Condition #7 - In compliance - Director's course completed and documentation on site for review.
- NS Condition #8 - Policies revised, training held on 5/24, observations conducted at visits.
- NS Condition #9 - Ed. consultant visiting bi-monthly and evaluations and recommendations are on site for 3 visits.
- NS Condition #10 - Director hours on site documented and on file for review.
- NS Condition #11 - All consultants received and reviewed Consent Order.

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: [Signature]
(OEC Representative)
Lauren Hall

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

Signature: [Signature]
(Person in Charge)
Maria D'Feira