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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Too: CDC Date: 12/13/22 Time: 11:15

Location Address: 41 Poverty rd. Southbury Telephone #: 203-262-6426

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

Capacity: 84/40 # of Children Present: 44 # of Staff Present: 14(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: Partial inspection on ratio + safe sleep

Observations/Corrections needed:

in ratio 16:2

Safe sleep in compliance 16:2

7:2

8:2

7:2

5:2

7:2

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Kristi Morgan
(OEC Representative)

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

Signature: Kim Hamel
(Person in Charge)