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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tara's Childcare Date: 8/15/23 Time: 9:35

Location Address: 399 Billings Rd, Somers Telephone #: (860)402-6845

e-mail address: tarawohlers@cox.net License #: DCGH 16346 Expiration Date: 12/31/25

Capacity: 12 # of Children Present: 12 # of Staff Present: 3

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*** N/A

Purpose of visit: complaint case 2023-713

Observations/Corrections needed:

(NS) 19a-79-7a(g)(5) - Physical Plant - materials and equipment - observed developmentally appropriate materials and equipment

(P) 19a-79-4a(c)(4)(D) - staffing - supervision

(P) 19a-79-4a(c)(4)(A) - staffing - Ratio

(NS) 19a-79-8a(a)(1) - Educational Requirements - daily schedule and staff report outdoor play is part of daily activity.

(S) 19a-79-5a(a)(1)(D)(iii) - Record keeping - written permission from parents not observed for children to enter unlicensed home

(S) 19a-79-4a(c)(2) - staffing - Documented attendance shows only 1 staff on site when children are present on multiple occasions 7:30-8 am.

(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: 8/29/23

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Tara Wohlers
(Person in Charge)
Print Name: Tara Wohlers