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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tara's Childcare Date: 9-20-23 Time: 10

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

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

Capacity: 12 # of Children Present: 10 # 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*** _____

Purpose of visit: follow case # 2023-717

Observations/Corrections needed:

NS - 19a-79-4q (c)(4)(D) - observed proper supervision at time of visit

NS - 19a-79-4q (c)(4) - observed proper ratios at time of 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: _____ *(OEC Representative)*

Print Name: Pam Eddy

Signature: Tara Wohlers *(Person in Charge)*

Print Name: Tara Wohlers