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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Taland Green Learning Center Date: 9/27/23 Time: 9:36am

Location Address: 45 Taland Green taland Telephone #: 800 875 7795

e-mail address: _____ License #: 12861 Expiration Date: 7/31/25

Capacity: 94/0 # of Children Present: 36 # of Staff Present: 5

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 up from full inspection for impact Material under swing set

Observations/Corrections needed:

- observed sufficient impact material under swing set. 8in +
- NO Violations observed

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: _____

Signature: _____ *(Person in Charge)*

Print Name: Teresa Green