Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tara's Childcare Date: 11/15/23 Time: 1:07 pm

Location Address: 399 Billings Rd Somers CT 06071 Telephone #: 860-402-6845

e-mail address: taraw0hlers2@cox.net License #: 163466 Expiration Date: 12/31/25

Capacity: 12 (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 up on safe sleep

Observations/Corrections needed:

Pa-79-10(g)(3): Safe Sleep, In Compliance at time of inspection

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: _____ (OEC Representative)
Johanne Lalo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: _____ (Person in Charge)
Tara Wohlers