

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Tiny Learners Childcare Date: 4/23/25 Time: 8:00am  
Location Address: 206 Collins Street Hartford, CT 06105 Telephone #: 860-385-1825  
e-mail address: tinylearnerscarect@gmail.com License #: Pending Expiration Date: —  
Capacity: — # of Children Present: — # of Staff Present: 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: Follow up to initial inspection

Observations/Corrections needed:

#19a-79-3a(d)(5)  
3a(d)(6)  
3a(d)(6)(c) } In compliance at time of visit.

#19a-79-3a(d)(6)(c): In compliance at time of visit

#19a-79-6a(c): In compliance at time of visit

#19a-79-7a(d)(4): In compliance at time of visit

\* #19a-79-7a(g)(1): Observed wrist on the climber  
handing

#19a-79-7a(g)(4): In compliance at time of visit

#19a-79-7a(g)(5): In compliance at time of visit

#19a-79-7a(h)(2): In compliance at time of visit

#19a-79-10(d)(2)(A-i-iii): In compliance at time of visit.

#19a-79-10(d)(2)(c): In compliance at time of visit.

#19a-79-10(j)(2): In compliance 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: Prior to opening

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalu  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jada Singleton