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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Too! CDC Date: 4/30/25 Time: 10:30 am

Location Address: 41 Poverty Rd. Southbury Telephone #: 203 262 6426

e-mail address: tenderyearstoo@att.net License #: 70115 Expiration Date: 7/31/25

Capacity: 85/44 # of Children Present: 80/35 # of Staff Present: 15

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 Investigation Case 2025-407

Observations/Corrections needed:

(NS) 19a-79-3a(d) - Administration - Program Policy - Program failed to follow thier policy for discipline when they required parents to pick up the child when he was having behavior issues.

(NS) 19a-79-3a(b)(7)(A) Administration - Managing Child behaviors - No evidence that the program staff pushed a child against a wall, or put a child in a crib as a form of punishment.

(NS) 19a-79-4a(d)(4) - Staffing - ratio - No evidence that the program was out of ratio at anytime.

(S) 19a-79-10(c)(3) - Under three Endorsement - Group Size - During walk through group sizes of 15 to 4 and 12 to 3 for groups of infants and toddlers.

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: 5/14/25

Signature: _____ (OEC Representative)

Print Name: Laura Hull

Signature: _____ (Person in Charge)

Print Name: Teresa Paternoster