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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tender Years Too! CDC Date:_____ Time:_____

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

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

Capacity: 85/44 # of Children Present: 71/34 # of Staff Present: 17

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: Follow up Case 2025-407

Observations/Corrections needed:

(NS) 19a-79-10(c)(3)- Under three Endorsement - Group size - Walk through conducted, No violations

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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: _____ *(Person in Charge)*

Print Name: Karen E Hummel