

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiffani M. King Date: 1/01/25 Time: 9:30

Location Address: 504 King street Telephone #: 475 308-5845

e-mail address: tiffani.king85@gmail.com License #: pending Expiration Date: pending
Capacity: 4 # of Children Present: 1 own # of Staff Present: 1 Applicant Provider

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: [Signature]

Purpose of visit: A Initial follow-up to observe outdoor playspace

Observations/Corrections needed:

- 23. A 4ft fenced playspace with a locked entrance was observed on the left side of home, barring access to the gas cans, tow truck, large woodpiles and metal car parts in the backyard of home. The 2 decorative shelves in the kitchen were removed and no longer accessible. The 4ft tall + 384ft. around playspace was observed safe and sufficient for 4 children total.
- The applicant providers capacity was reduced to 4 total due to outdoor playspace size.
- 36. A 5lb ABC fire Extinguisher was observed onsite + mounted
- 55. The student medical exemption certificate for required immunizations was observed for applicant providers child with a egg allergy. The child was exempt from the flu vaccine.

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: [Signature]
(OEC Representative)
Print Name: Stef A. Russo
Signature: [Signature]
(Person in Charge)
Print Name: Tiffani King