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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare Date: 12·10·25 Time: 10:40 am

Location Address: 543 Route 169 Telephone #: 860-234-9779

e-mail address: tinyforestchildcare@yahoo.com License #: 80029 Expiration Date: 6|30|27

Capacity: 12 # of Children Present: 11 # of Staff Present: 2

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 to 11·21·25 inspection

Observations/Corrections needed:

(#7) Documentation of parents informed of behavior management techniques missing for one child.

#35 consultant contracts: √OK

(#36) Enrollment information: one child missing enrollment information.

(#37) Emergency permission: one child missing emergency permission.

(#38) children's physicals: 4 children's physicals expired.

#66 License premise: √ OK

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: 12|24|25

Signature: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

Signature: [signature]
(Person in Charge)
Print Name: Anna Milly

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare License # 80029 Date: 12·10·25

Observations/Corrections needed:

#69 Lead water Test: lead water test not observed.

#81 Electrical safety: ✓OK

#94 Lighting: ✓OK

#118 Ratio
#119 Group Size
#120 Barrier
upon arrival observed 11 children 3 under 3 with one staff in preschool classroom (staff using restroom).

#128(e)(8) Handwashing | Diapering Policy: ✓OK

Discussed: Preschool enrollment permission needed for one child. ✓OK

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: Betty Mauser
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12|24|25

Signature:
(Person in Charge)