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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare Date: 1·15·26 Time: 11:35

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

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

Capacity: 12|643 # of Children Present: 8|243 # 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 to 12·10·25 follow up

Observations/Corrections needed:

#7 Behavior management | parents informed: √OK

#36 Enrollment information: √OK

#37 Emergency permission: √OK

#38 Children's Physicals: √OK

#69 Lead water test: √OK

#118 Ratio: √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: 1·29·26

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

Signature: _____
(Person in Charge)
Print Name: Anna Millix

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare License # 80029 Date: 1·15·26

Observations/Corrections needed:

#119 Group Size: √OK

#120 Barrier: √OK

(#2) Ensuring Health and Safety: One child identified to be allergic to bee stings. Physical states epipen needed. NO epipen on site. (send copy note from doctor or picture of epipen).

(#14) Parent Permission PreK Authorization: PreK authorization not observed for one child in preschool (send copy).

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 Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1·29·26

Signature:
(Person in Charge)