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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare Date: 4·23·26 Time: 9:40

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

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

Capacity: 12|6 # of Children Present: 11|643 # 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: partial ratio | group size

Observations/Corrections needed:

19a-79-10(c)(1)(2) Observed one staff with seven children in preschool room. Two children observed to be less than 2.9 years old.

19a-79-4a(d) upon arrival observed two staff and eleven children present. 5 preschool and 6 infant/toddlers. Not enough staff observed to be on site.

* Third staff arrived at 10:18 am.

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|7|26

Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: _____
(Person in Charge)

Print Name: _____