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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Forest Childcare Date: 5·7·26 Time: 10:25

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

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

Capacity: 12|6 U3 # of Children Present: 9 # 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 4·23·26 partial

Observations/Corrections needed:

* 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: Betty Mayer (OEC Representative)

Print Name: Betty Mayer / Caroline Adams

Signature: _____ (Person in Charge)

Print Name: Anna Millup