

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

SUPPLEMENTAL REPORT OF INSPECTION

7/13/21 (Lm)

Name of Program/Provider: Watch Me Grow Day Care Date: ~~6/29/21~~ Time: 9:30am

Location Address: 134 Wobbs Hill Rd Stamford Telephone #: 2034612665

e-mail address: watchmegrowct@gmail.com License #: pending Expiration Date: pending

Capacity: requesting 12/12 # of Children Present: 2 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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.</i> _____ Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow up to 6-25-21 inspection

Observations/Corrections needed:

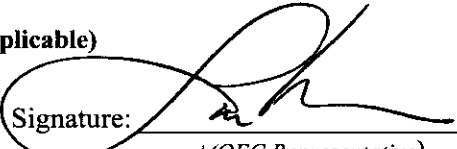
- #6 Policies - OK at inspection
- #13 Emergency Plans - OK at inspection
- #67 Water Temp - OK at inspection
- #74 Adequate lighting - OK at inspection
- #93 Outdoor play area protected/fenced - OK at inspection
- #123 Diaper changing policy posted - OK at inspection

Observed 2 staff and 2 children present at existing program on site.

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:  _____
(OEC Representative)

Print Name: Lon Mangano

Signature: Michelle Waddell _____
(Person in Charge)

Print Name: NICHELLE WADDELL