

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See US Grow Date: 10/15/21 Time: 8:29

Location Address: 249 W. Main St Branford Telephone #: 203-488-5437

e-mail address: seegrow@yahoo.com License #: 70104 Expiration Date: 2/28/25

Capacity: 108 # of Children Present: 37 # of Staff Present: 9+

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 <u>NA</u>
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Purpose of visit: Follow up to inspection 8/25/21

Observations/Corrections needed:

- #38 observed 2 care plans that are not able to be carried out due to missing medication
- #45 toilet bases not clean
- #69 floor tiles in bathroom, sharks ^{jellyfish} and hallway not clean not in good repair
- #65 vent in bathroom with blue walls not operable observed vents in bathroom with dust build up
- #102 1 medication order for medication listed on care plan not observed.

Discussion

- * room that was water damaged this summer still not repaired and not in use
- * floor trim/baseboard still off in hallways in areas where water damage happened.

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: 10/29/21

Signature: [Signature]
(OEC Representative)
Print Name: Fl Montanye
Signature: [Signature]
(Person in Charge)
Print Name: Kelly Brennan