

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Watch Me Grow Daycare Date: 11/1/21 Time: 9:30

Location Address: 134 Webbs Hill Rd Stamford Telephone #: 203 461-2615

e-mail address: nichelle.waddell@yahoo.com License #: 80021 Expiration Date: 7/31/25

Capacity: 12 # of Children Present: 7 # of Staff Present: 4

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 _____
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Purpose of visit: Follow-up investigation 2021-752 on 10/22/21

Observations/Corrections needed:

(NS) 19a-79-10(c)(3) Under three endorsement, group size -
Operator was in compliance with this regulation at this
visit.

(NS) 19a-79-4a(c)(2) Staffing, two people present - Operator
was in compliance with this regulation at this visit.

(S) 19a-79-4a(a)(1) Staffing, medical statement - three
staff require a medical form showing a current
physical examination.

(S) 19a-79-2a(d)(2)(B) Licensure procedures, misleading statements -
Operator provided false documentation for COVID-19 vaccination
on 10/22/21 for two staff and three physicals for staff were not
signed by a physician

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: Nov. 15, 2021

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: N. Waddell
(Person in Charge)

Print Name: N. WADDELL