

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Watch Me Grow Date: 2/23/22 Time: 11:20 AM

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

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

Capacity: 12/12 # of Children Present: 7 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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>N/A</u>
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Purpose of visit: NCAP Monitoring

#### Observations/Corrections needed:

NS Condition #1 - Initial Director training conducted on 1/21/22

NS Condition #2 - Framework for Ethical Decision Making video watched on 12/15/21 - prior to executed NCAP.

NS Condition #3 - Executive Order No. 13D was read and on site for review.

NS Condition #4 - Regulations read and on file.

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: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: NICHELLE WADDELL