

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Watch Me Grow Early Care + Education Center Date: 7/20/22 Time: 1:20 pm

Location Address: 1170 Blue Hills Ave Bloomfield, CT 06002 Telephone #: (860) 726-9200

e-mail address: watchmegrowbloomfield@gmail.com License #: 70484 Expiration Date: 3/31/2

Capacity: 33 # of Children Present: 19 # of Staff Present: 5

<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: Self-reported incident Case # 2022-491

#### Observations/Corrections needed:

- ⑤ 19a-79-3a(a) Administration - Ensure the safety, health and development - Program failed to ensure the safety of a child when a 2.5 year old injured their cheek, while being transported for field trip. Seat belt ~~was not properly~~ <sup>did not remain properly</sup> engaged, on trip back to center, from park, causing the car seat to tip over, and the child hit their cheek, causing bruise.
- ⑤ 19a-79-10(g)(3): Under three endorsement - Crib free from observable hazards - observed infant (age 7 months) asleep in crib with bib, and toys.
- ⑤ 19a-79-10(g)(4) under three endorsement - Crib/Bed used for infant sleep - observed 2 infants, under 12 months of age, asleep in bouncy seats, at the time of arrival.

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: 8/3/2022

Signature: Stephanie Pici  
(OEC Representative)  
Print Name: Stephanie Pici  
Signature: Sophia Walters  
(Person in Charge)  
Print Name: Sophia Walters