

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See Us Grow Childcare & Learning Center Date: 8/29/22 Time: 9:35

Location Address: 249 N Main St. Branford CT 06405 Telephone #: 203-488-5437

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

Capacity: 108 (48) # of Children Present: 45 (23) # of Staff Present: 11

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 _____
--	---

Purpose of visit: Follow up to inspection conducted 8/25/22

Observations/Corrections needed:

19a-79-4a(b) Background Checks: In Compliance at time of visit

19a-79-9a(b)(2) Med trained staff: In Compliance at time of visit

19a-79-10(c)(2) Ratio: In Compliance at time of visit

19a-79-10(c)(3) Group Size: In Compliance at time of visit

⑤ 19a-79-10(g)(3) Safe Sleep: Observed 2 crib sheets not snug fitting

19a-79-3a(a) Health and Safety: In Compliance at time of visit

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: 9/12/22

Signature: [Signature]

(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]

(Person in Charge)

Print Name: Kelly Brennan