

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: 9/7/22 Time: 8:22

Location Address: 249 W. 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: 35 (24 ↓) # of Staff Present: 10

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up inspection

Observations/Corrections needed:

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

19a-79-10(a)(3) Safe Sleep: In Compliance at time of visit

⑤ 19a-79-10(c)(2): Ratio: Upon arrival, observed 9 children with 2 staff in the sharks room.

⑤ 19a-79-10(c)(3): Group Size: Upon arrival, observed 9 children with 2 staff in the sharks room

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: 9/21/22

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)

Print Name: Kelly Brennan