☐ Initial ☒ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Room to Grow Date: 9/15/22 Time: 2:30

Location Address: 90 South Rd, Somers Telephone #: 860-749-4344

e-mail address: Kdaddario12418@gmail.com License #: 1659 Expiration Date: —

Capacity: 60 # of Children Present: 17 # of Staff Present: 6

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: Upstairs inspection #14464.

Observations/Corrections needed:

II11 - Observed a group of 10 under 3 children and 4 staff = exceeds group of 8.

112 - No barriers for group of 10 children outside.

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: 9/29/22

Signature: Linda Mayton
(OEC Representative)
Print Name: Linda Mayton

Signature: Kelly Daddario
(Person in Charge)
Print Name: Kelly Daddario