

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Watch Me Grow Early Care + Education Date: 8/18/22 Time: 3:20 pm

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

e-mail address: watchmegrowbloomfield@gmail.com License #: 70484 Expiration Date: 3/31/23

Capacity: 33^{lb} # of Children Present: 16 # of Staff Present: 5

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.</i> Provider/Applicant/Substitute's Signature: <u>N/A</u>
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Purpose of visit: Follow up - Safe Sleep

Observations/Corrections needed:

Observed compliance with safe sleep regulations, at the time of the 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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Stephanie Pica
Signature: [Signature]
(Person in Charge)
Print Name: Sophia Walter