

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See Us Grow Child care & Learning Center Date: 9/14/22 Time: 8:22
Location Address: 249 W. Main Street Brandford Telephone #: 203-488-5437
e-mail address: seeusgrow@yahoo.com License #: 70104 Expiration Date: 2/28/25
Capacity: 108 (48) # of Children Present: 33 (24) # 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 _____
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Purpose of visit: Follow up on ratio and group size.

Observations/Corrections needed:

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

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Kelly Brennan