

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: 123 Grow with Me Date: 10/18/22 Time: 12:50pm
Location Address: 227 Horse Pond Rd Telephone #: 203-245-9757
e-mail address: jolo12@sbcglobal.net License #: 15263 Expiration Date: 1/31/25
Capacity: 38 # of Children Present: 31 # of Staff Present: 6

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature NA

Purpose of visit: follow up to inspection dated 10/11/22

Observations/Corrections needed:

- # 21 while doing head counts 1 staff was moved to cover in toddler room making it a 1:14 ratio in preschool
 - # 110 ~~# 110~~ ~~# 110~~ upon arrival observed 5:1 ratio on one side of infant room
 - # 111 upon arrival while doing head counts per staff barrier was to be open because they were combined for the day making group size 1:9 exceeding 8.
 - # 110 observed 8:1 ratio in toddler room upon arrival (3 children outside)
- 19a-79-3a: program failed to ensure health and safety of children when 1 staff was allowed to work with children without a current background check

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: immediate corrections needed

Signature: [Signature]
(OEC Representative)
Print Name: Filip Montanye
Signature: [Signature]
(Person in Charge)
Print Name: COM M. Z. 10