

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: 123 Grow with Me Date: 10/19/22 Time: 1:05pm
Location Address: 227 Horse Pond Rd Madison Telephone #: 203-245-9757
e-mail address: Jolo12@Sbc.global.net License #: 15263 Expiration Date: 1/31/25
Capacity: 38 # of Children Present: 28 # of Staff Present: 7

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 NA

Purpose of visit: Followup to 10/18/22 inspection

Observations/Corrections needed:

19a-79-3a: observed all staff working with children at this visit to be current with background checks. Program in compliance with ensuring health and safety at this visit.

21 - ratios for over 3's - in compliance at this visit

110 - ratios for under 3's - in compliance at this visit

111 - Group size for under 3's - in compliance at this 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: fil Montanye

Signature: Sent via Email
(Person in Charge)

Print Name: Sent via Email