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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Room to Grow Child Care Date: 10/21/22 Time: 9:10

Location Address: 80 South Rd, Somers Telephone #: 860-749-4341

e-mail address: Kdaddario12418@gmail.com License #: 16059 Expiration Date: 7/31/26

Capacity: 60 # of Children Present: 12 # of Staff Present: 4

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: Follow up to 9/15/22 Partial.

Observations/Corrections needed:

Follow up to confirm compliance with under 3's group size & barriers.

Observed ratios and group sizes to be met. Discussed with staff.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Linda Moyton
(OEC Representative)
Linda Moyton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Alexandra Shukis
(Person in Charge)
AS