

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See Us Grow Childcare Learning Center Date: 10/25/22 Time: 8:15
Location Address: 249 West Main St. Branford Ct Telephone #: 203-488-5437
e-mail address: seeusgrow@yahoo.com License #: 10104 Expiration Date: 2/28/25
Capacity: 108 # of Children Present: 29 # of Staff Present: 9+

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 on CAP

Observations/Corrections needed:

- 19a-79-10(g)(3) Safe Sleep: Observed 2 crib sheets not snug fitting.
- 19a-79-4(a)(1) Staff Health Records: Observed 1 staff without a statement of good health + TB test
- 19a-79-5(a)(1)(A) Child Health Records: Observed 1 child without health records and immunizations record
- 19a-79-7(a) License Premise: Observed 9 shelves not secured.
- 19a-79-7a(h)(2) Impact Absorbing Material: Observed less than 8" of impact absorbing material (large climber)
- 19a-79-4a(h)(2)(A) Annual Review: No annual review of policies and education program by Education Consultant.

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: 11/8/22

Signature: [Signature]
(OEC Representative)

Print Name: Dianne Dabo / Fil Montan

Signature: [Signature]

Print Name: Kelly Brennan
(Person in Charge)