

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: 11/2/22 Time: 1:25

Location Address: 249 West Main St. Branford Ct 06405 Telephone #: 203-488-5437

e-mail address: seeusgrow@yahoo.com License #: 70104 Expiration Date: 2/28/25

Capacity: 108 (48✓) # of Children Present: 64 (42✓) # of Staff Present: 14+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up on safe sleep.

Observations/Corrections needed:

19a-79-10(g)(3) Safe Sleep → 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 Dabo
Signature: [Signature]
(Person in Charge)
Print Name: Kelly Brennan