

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Watch Me Grow Early Care + Education Center Date: 1-27-23 Time: 12

Location Address: 1170 Blue Hills Ave. Bloomfield Telephone #: 800-726-9200

e-mail address: watchmegrowbloomfield@gmail.com License #: 70484 Expiration Date: 3-31-23

Capacity: 33 # of Children Present: 20 # of Staff Present: 5

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 _____
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Purpose of visit: Case # 2023-67

Observations/Corrections needed:

S. a staff member did not ensure the safety, health and development of a child when hot tea was left accessible and the child received a burn - 19c-79-3c(a)

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: 2-10-23

Signature: [Signature] Kenn Eddy
(OEC Representative)

Signature: [Signature] Sophia Walter
(Person in Charge)