

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See Us Grow Childcare & Learning Date: 3/15/23 Time: _____

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

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

Capacity: 108 (48) # of Children Present: 69 (38) # of Staff Present: 15

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: Partial inspection for ratio and safe sleep, and group size

Observations/Corrections needed:

19a-79-10(c)(2) Ratio: In compliance at time of visit

19a-79-10(c)(3) Group size: In compliance at time of visit

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 Dalb

Signature: [Signature]
(Person in Charge)

Print Name: Kelly Brennan