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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Place to Grow Date: 11-5-24 Time: 10:45

Location Address: 9 Avonwood Rd. Avon Telephone #: 860-677-6929

e-mail address: aplacetogrowavon@gmail.com License #: 70680 Expiration Date: 12-31-26

Capacity: 56 # of Children Present: 46 # of Staff Present: 11

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: Investigation Case # 2024-1156

Observations/Corrections needed:

P- 19a-79-2(a). ensure the safety, health and development of the children pending investigation

P- 19a-79-10(g)(1). sleep arrangements pending investigation

S 19a-79-2(d)(7) - personnel policy. A staff member did not follow centers policy regarding taking photos / posting photos

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: 11-19-24

Signature: _____ (OEC Representative)

Print Name: Kem Eldy

Signature: _____ (Person in Charge)

Print Name: Makayla Rainey