

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: 11-22-24 Time: _____

Location Address: 1052 S Colony Rd Wallingford Telephone #: 203-269-5437

e-mail address: See us grow@yahoo.com License #: 16832 Expiration Date: 9-30-26

Capacity: 95/44 # of Children Present: 39/25 # 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 to inspection dated 7-11-24

Observations/Corrections needed:

Observed all classrooms to be painted, preschool bathroom currently be remodeled/updated. Program to submit notification of change if physical plant changes are made.

Discussed program relocating preschool 3 class to empty preschool 4 class, located on second floor. Preschool 4 not currently in use. During remodel.

Program will close preschool 3 bathroom during remodel. Program has 10 children's toilets and 10 hand wash sinks in addition to facilities in preschool 3 class bathroom.

no regulatory violations cited during this inspection. provided copy of new OEC complaint procedure, discussed new regs

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: -na

Signature: Jenna Schulz
(OEC Representative)

Print Name: Jen Schulz

Signature: Kate Ferran
(Person in Charge)

Print Name: Kate Ferran