

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: 2/26/25 Time: 11:33am

Location Address: 1170 Blue Hill Ave Bloomfield Ct Telephone # 860-726-9200

e-mail address: watchmegrowbloomfield@gmail.com License #: 70484 Expiration Date: 3/31/27

Capacity: 33/16 # of Children Present: 25/12 # of Staff Present: 4

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 conducted 2/10/25

Observations/Corrections needed:

Playground inspection due to snow coverage on 2/10/25

- #111 Outdoor Space: In compliance at time of visit
- #112 Outdoor Protected/Fencing: In compliance at time of visit
- #113 Fencing: 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: Shanne Jalo
Signature: [Signature]
(Person in Charge)
Print Name: Sophia Walters