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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Room to Grow Child Care Date: 7/28/25 Time: 10:30 am

Location Address: 80 South Rd Somers Telephone #: 860-749-4344

e-mail address: roomtogrowct@gmail.com License #: 16059 Expiration Date: 7/31/26

Capacity: 101/15 # of Children Present: 44 # of Staff Present: 8

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: Partial - Supervision - Case 2025-134

Observations/Corrections needed:

19a-79-4a(d)(4)(D) Staffing - Supervision

(NS) Regulation in compliance when OEC observed staff supervising children during OEC visit today.

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: n/a

Signature: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente-Quiñones

Signature: Kelly Daddario
(Person in Charge)
Print Name: Kelly Daddario