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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Giggle-n-grow development Group Date: 8.11.25 Time: 1:16

Location Address: 105 Waterbury Rd Prospect Telephone #: 203-758-7849

e-mail address: gng7849@gmail.com License #: 16339 Expiration Date: 2/28/29

Capacity: 31/16 # of Children Present: 16 # of Staff Present: 5

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 7/31/25

Observations/Corrections needed:

S 19a-79-3a (a) administration: ensure safety health and development: regulation not in compliance when a staff member was alone in the preschool classroom with work supervised status in BCIS.

S #130 (1-8) Safe sleep - Observed 2 infants sleeping in transitional sleep swaddles, not in regulation
- observed sleep arrangement policy posted - ok
- observed all cribs to have snug fitting sheets - ok

S #118 Ratios - under 3; regulation not in compliance when 1 staff was observed with 5 children in toddler room, not all children were 2 years or older

NS 31, CPR certified staff Observed current CPR and First Aid

NS 32 First aid trained staff certificates for 3 additional staff, program has staff with current first aid and CPR during all operating hours.

left 3 sleep sacks with operator during 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: 8-25-25

Signature: Jennifer Schulz
(OEC Representative)
Print Name: Jen Schulz

Signature: Carisa Rek
(Person in Charge)
Print Name: Carisa Rek