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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: See Us Grow Child Care + Learning Center Date: 11/6/25 Time: 1:05pm

Location Address: 221 W main st Branford 06405 Telephone #: 203-488-5437

e-mail address: seeusgrow@yahoo.com License #: 70104 Expiration Date: 2/28/29

Capacity: 118 # of Children Present: 66 # of Staff Present: 13

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*** NA

Purpose of visit: fence follow up to inspection 9/3/25

Observations/Corrections needed:

#112 (n)(7)(A) fence in compliance at this 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: NA

Signature: FMontanye
(OEC Representative)
Print Name: F Montanye

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