Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
Phone (800)-282-6063 Fax (860)-326-0552

CHILD CARE CENTER/GROUP INSPECTION FORM

☑ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Growing Seeds Academy	License Number: pending	Date of Inspection: 4/4/22	Time of Arrival: 10:00
Address: 117 Old State Road	Expiration Date: pending	Licensed Capacity: 134	Under 3 Capacity: 48
Town: Brookfield, CT 06804	Telephone: 203-917-1477	# of children present: 0	# of staff present: 3
Operator: Growing Seeds Academy, LLC	Director: Kristina Desruisseaux		
Email: agrowingseed1@icloud.com	Head Teacher: Sandra Sandim		
Hours of Operation: 7:00am - 6:00 pm	Summer Care: open		
Ages Served: 6wks - 4y.o.	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		

Endorsements: ☑ Under Three (6wks - 36m) ☑ Preschool (3y - 5y) ☐ School Age (5y & up) ☐ Night Care (6wks & up)

Licensure Procedures 19a-79-2a
- ☐ 1. Local Health Date: 4/4/22

Administration 19a-79-3a
- ☑ 2. New Staff-Employee Orientation
- ☑ 3. Annual Staff Policy Training
- ☑ 4. Documentation of Behavior M. Tech Discussed w/Parents
- ☑ 5. Notification of Change
- ☐ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- ☑ 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 3/8/22
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: —
- ☑ 12. Menus
- ☐ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: 3/2/22 Results: 1.8

Staffing 19a-79-4a
- ☑ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☑ 19. Designated Head Teacher/60%
- ☑ 20. Two Staff Present
- ☑ 21. Ratio: 1 Staff to 10 Children
- ☑ 22. Group Size: Maximum 20 Children
- ☑ 23. Designated Director/Training
- ☑ 24. CPR Certified Staff
- ☑ 25. First Aid Trained Staff

Consultants
- ☑ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	—	—

- ☑ 27. Logs/Visits Documented

Swimming: (Y/N)
- ☐ 28. Non-Swimmers Identified
- ☐ 29. Staff/Child Ratios
- ☐ 30. CPR Certified Staff (20 years of age)
- ☐ 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a
- ☐ 32. Enrollment Information
- ☐ 33. Emergency Medical Permission
- ☑ 34. Authorized Released Permission
- ☑ 35. Field Trip Permission
- ☑ 36. Transportation Permission
- ☑ 37. Child Health Records/Immunizations/TB
- ☑ 38. Individual Care Plan (Signed by Parent/Staff)
- ☑ 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a
- ☑ 40. Nutritious Snacks/Meals (Required Food Groups)
- ☑ 41. Proper Refrigeration
- ☑ 42. Kitchen Separated
- ☑ 43. Hand Washing Before Eating/Food Handling
- ☑ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a
- ☐ 45. License Premise: Clean/Good Repair/Hazard Free
- ☑ 48. Sanitary Drinking Fountains/Disposable Cups
  Water Supply: Public/Well
- ☑ 49. Lead Water Test Date: 11/30/21
  Bacterial/Chemical Test (Y/N) Date: —
- ☑ 50. Walkways Maintained
- ☑ 51. Designated Staff Toilet/Sink
- ☑ 52. All Openings for Ventilation Screened
- ☑ 53. Windows Protected to Prevent Falls
- ☑ 54. Glass Protected to 36"
- ☑ 55. Overhead Doors Locking Devices/Spring Protectors
- ☑ 56. Exits/Hallways and Stairs Unobstructed
- ☑ 57. Individual Storage of Clothing/Bedding
- ☑ 58. Smoking Prohibited
- ☑ 59. Matches/Lighters Inaccessible
- ☐ 60. Electrical Safety: Outlets/Cords
- ☑ 61. Toileting Needs Met
- ☑ 62. Required Toilets/Sinks/Supplies
- ☑ 63. Potty Chairs: Nonporous/Emptied/Disinfected
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☑ 65. Ventilation in Toilet Room
- ☐ 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:
[signature]	prior to license	[signature]
Print name: Kristi Morgan/Lauren Hull		Print name: Jessica melo

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Growing Seed Academy

License Number: Pending

Date of Inspection: 4/6/22

Physical Plant continued:

- ☐ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☐ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☐ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs
  Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

Administration of Medications 19a-79-9a

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

Nonprescription Topical Medications

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

Oral/Topical/Inhalant/Injectable Medications

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

Self-Administration

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage

- ☑ 107. Approved Petition For Special Med Authorization

Under Three Endorsement 19a-79-10

- ☑ 109. Approved Endorsement
- ☑ 110. Ratio: 1 Staff to 4 Children
- ☑ 111. Group Size no Larger than 8
- ☑ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☑ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☐ 124. Hand Washing Policy Posted
- ☑ 125. Individual Storage of Personal Items
- ☑ 126. Cribs/Cots Washed/Disinfected
- ☑ 127. Under 12 Months Placed on Back for Sleeping
- ☐ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☑ 129. Crib/Bed Used for Infant Sleeping
- ☑ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☐ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☑ 134. Health Consultant/Documentation of Visits
- ☑ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☑ 136. Written Statement/Feeding Schedule from Parent
- ☑ 137. Unused Portions of Liquids Discarded
- ☑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☑ 139. Food Served from Dish or Whole Jar Served
- ☑ 140. Bottles Individually Identified w/Child's Name

Outdoor Play Space-Under Three:

- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11

- ☐ 143. Approved Endorsement
- ☐ 144. Activity choices appropriate
- ☐ 145. Ratio: 1 Staff to 10 Children (N/A)
- ☐ 146. Group Size: Max. 20 Children
- ☐ 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- ☐ 150. Staff Awake/Available (N/A)
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13 no Child enrolled

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge
[signature]	prior to license	[signature]

Print Name: Kristi Morgan / Lauren Hull

Print Name: Jessica Melo

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy License # N/A Date: 4/6/22

Observations/Corrections needed:

#1 = 20x12.1 - (1.4x3.16) = 240.56 ÷ 35 = 6.87 ok 6 inf/Tod

#2 = 19.8 x 16.1 + (6.6 x 7) + (1.7 x 6.16) = 328.02 ÷ 35 = 9.37 ok 8 inf/Todd

#3 = 24.4 x 12.8 - (1.4 x 3.16) = 313.44 ÷ 35 = 8.95 ok 8 inf/Tod

#4 = 13.3 x 16.2 + (6.6 x .7) - (4.5 x 4.5) = 199.83 ÷ 35 = 5.70 ok 5 inf Tod

#5 = 32.8 x 24.6 - (1.6 x 1.6) - (5.7 x 2.1) = 794.55 ÷ 35 = 22.70 ok 22

#6 - 38.5 x 24.2 - (4.3 x 16.9) = 853.96 ÷ 35 = 24.39 ok 24

#7 - 12.9 x 21.6 = 278.64 ÷ 35 = 7.96 ok 7 inf/Tod

~~#8 (4) 20.6 x 14 - (3.8 x 13) - (2.1 x 4.6) - (5.4 x .9) = 224.51 ÷ 35 = 6.41 ok 6 inf/Tod~~

#9 - 18.4 x 17 - (13.1 x 3) + [(18.4 x 28.5) ÷ 2] = (5.7 x 2.1) = 523.73 ÷ 35 = 14.96 ok 14

#10 - 20.5 x 10.2 - (2.1 x 5.7) = 197.13 ÷ 35 = 5.63 ok 5 inf/Tod

#11 - 18.7 x 19.7 - (5 x 3.5) - (1.4 x .6) = 354.59 ÷ 35 = 10.13 ok ~~10~~ 8 (inf/Tod)

#12 - 26.6 x 9 - (5.7 x 2.1) = 227.43 ÷ 35 = 6.4 ok 6 inf/Tod

#13 - 28.8 x 12.2 - (1.4 x .6) - (1.4 x 3.6) - (2.1 x 5.7) - (1.4 x 3.6) = 336.27 ÷ 35 = 9.60 ok 8 inf/Tod

#14 - 18.x 15.7 - (2.1 x 5.7) - (2.6 x 5.2) - (.9 x .4) - (.4 x .9) - (.4 x .3) = 255.19 ÷ 35 = 7.29 ok 7 inf/Tod

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ (OEC Representative)

Print Name: Kristi Morgan Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a prior to license

Signature: _____ (Person in Charge)

Print Name: Jessica melo.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy License # N/A Date: 4/12/22

Observations/Corrections needed:

Indoor gross motor/gym -

34.4 x 23.3 - (12 x 7.4) - (13.9 x 22.2) - (12 x 12) = 670.18 ÷ 35

19.14 OK 19

Art Classroom (Not in capacity) - 24.9 x 16.5 - (5 x 2.1) - (6.1 x 2.1) = 387.54 ÷ 35 = 11.07

OK 11

Under Threes playground -

16.3 x 18.5 = 301.55 ÷ 75 = 4.02 OK 4

Over Threes Playground -

59.12 x 31.5 + [(40 x 20.4) ÷ 2] = 2,285.4 ÷ 75 = 30.4

OK 30

★ Total Capacity 134 with 68 under threes

Rooms approved for use upon licensure:

#5, 9, 10, 11, 12, 13, 14

toilets: 10

Sinks: 21

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CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A prior to license

Signature: [signature] (Person in Charge)

Print Name: Jessica Melo.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy License # pending Date: 4/4/22

Observations/Corrections needed:

1 - local health approval incomplete.
6 - policies incomplete
13 - emergency plans incomplete + not posted.
32 - enrollment information incomplete on forms
33 - Emergency medical permissions not observed.
45 - water dispensers with nor water feature accessible to children
60 - observed unprotected outlets in 1 room.
66 - thermometers not observed in all classrooms - some not working.
67 - observed water temperature in 2 bathrooms to be 123.8 + 116.8
70 - infant room mats unsecured; 1/2 room rug unsecured.
~~73 - emergency numbers not posted.~~ OK (KM)
124 - Handwashing procedures not posted in under 3's rooms.
132 - playground surfacing observed to be less than 1 1/4".
~~142 - playscape documentation not observed to show Ages of children.~~ OK (KM)

discussed:
- 1st Aid manual expired.
- health consultant agreement incomplete

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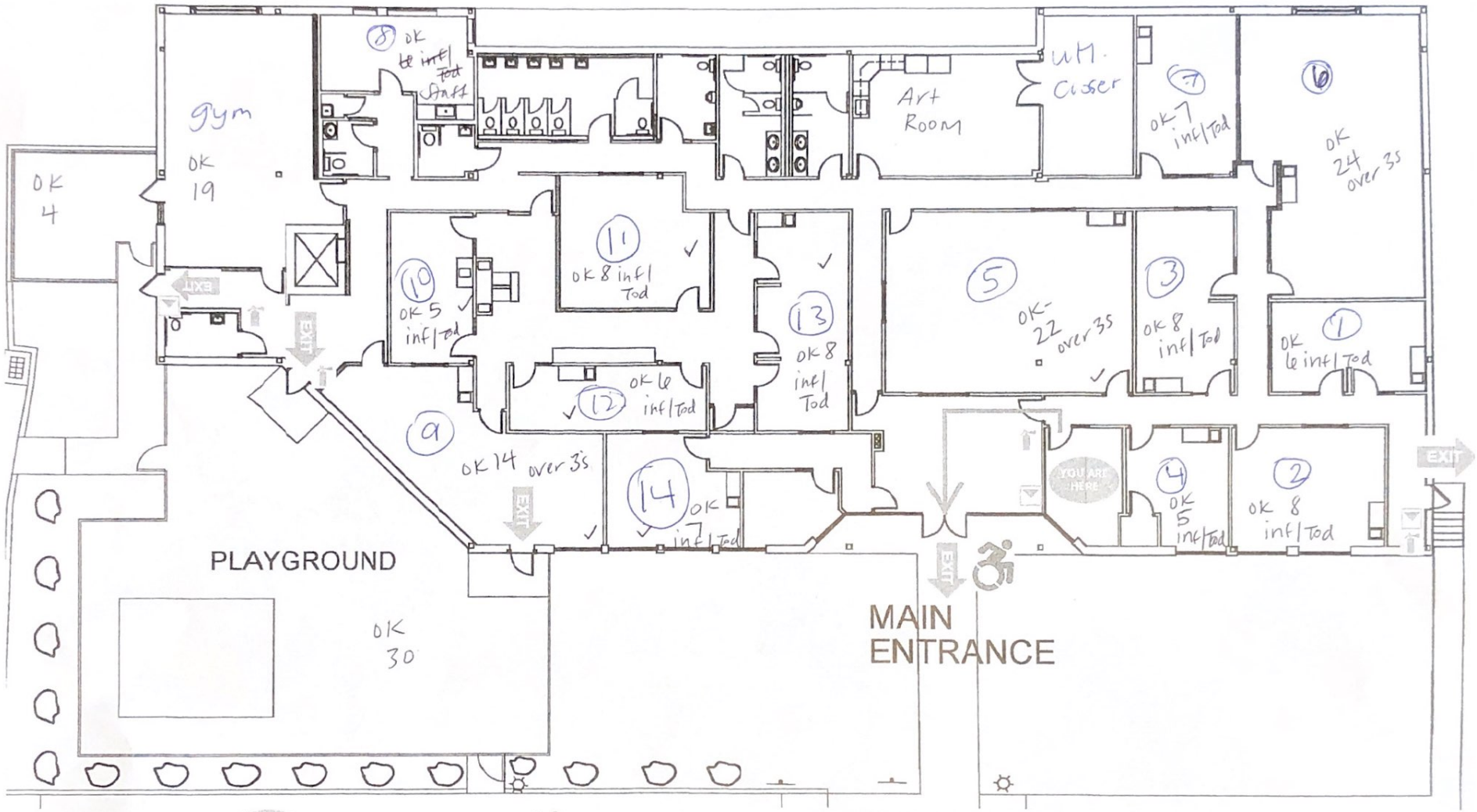
Signature: [signature] (OEC Representative)
Print Name: Kristi Morgan Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to license.

Signature: [signature] (Person in Charge)
Print Name: Jessica Melo.

GROWING SEEDS

117 OLD STATE ROAD
EMERGENCY EVACUATION MAP - FIRST FLOOR



LEGEND:

YOU ARE HERE

EXIT EXIT

Accessible

Fire Extinguisher

Fire Alarm Pull Station

Emergency Phone Number - 911