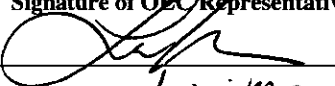
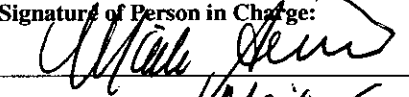


CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Growing Seeds Child Dev Center Ben Franklin</u>	License Number: <u>70306</u>	Date of Inspection: <u>6-17-22</u>	Time of Arrival: <u>11</u>
Address: <u>165 Flax Hill Rd</u>	Expiration Date: <u>8-31-24</u>	Licensed Capacity: <u>65</u>	Under 3 Capacity: <u>16</u>
Town: <u>Norwalk</u>	Telephone: <u>475-208-6300</u>	# of children present: <u>31</u>	# of staff present: <u>7</u>
Operator: <u>Growing Seeds Child Dev Center LLC</u>	Director: <u>Stephanie Crosswell</u>		
Email: <u>growingseeds@sbcglobal.net</u>	Head Teacher: <u>Mary Parillon</u>		
Hours of Operation: <u>M-F 7:30am-5:30pm</u>	Summer Care: <u>open</u>		
Ages Served: <u>1-5 years</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)			

<p><u>Licensure Procedures 19a-79-2a</u></p> <p><input checked="" type="checkbox"/> 1. Local Health Date: <u>7-15-21</u></p> <p><u>Administration 19a-79-3a</u></p> <p><input checked="" type="checkbox"/> 2. New Staff-Employee Orientation</p> <p><input checked="" type="checkbox"/> 3. Annual Staff Policy Training</p> <p><input checked="" type="checkbox"/> 4. Documentation of Behavior M. Tech Discussed w/Parents</p> <p><input checked="" type="checkbox"/> 5. Notification of Change</p> <p><input checked="" type="checkbox"/> 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy</p> <p><input checked="" type="checkbox"/> 7. Daily Attendance Records: Children/Staff</p> <p><u>Items Posted: Conspicuous/Accessible</u></p> <p><input checked="" type="checkbox"/> 8. License</p> <p><input checked="" type="checkbox"/> 9. Current Fire Marshal Certificate Date: <u>6-14-21</u></p> <p><input checked="" type="checkbox"/> 10. OEC Complaint Procedure</p> <p><input checked="" type="checkbox"/> 11. Food Service Certificate Date: _____</p> <p><input checked="" type="checkbox"/> 12. Menus</p> <p><input checked="" type="checkbox"/> 13. Emergency Plans</p> <p><input checked="" type="checkbox"/> 14. No Smoking Signs</p> <p><input checked="" type="checkbox"/> 15. Radon Test (Y/N) Date: <u>2-20-25</u> Results: <u><0.3</u></p> <p><input checked="" type="checkbox"/> 15a. Developmental Milestones</p> <p><u>Staffing 19a-79-4a</u></p> <p><input type="checkbox"/> 16. Staff Health Records/TB Tests</p> <p><input checked="" type="checkbox"/> 17. Professional Development</p> <p><input checked="" type="checkbox"/> 18. Disciplinary Actions</p> <p><input checked="" type="checkbox"/> 19. Designated Head Teacher/60%</p> <p><input checked="" type="checkbox"/> 20. Two Staff Present</p> <p><input checked="" type="checkbox"/> 21. Ratio: 1 Staff to 10 Children</p> <p><input checked="" type="checkbox"/> 22. Group Size: Maximum 20 Children</p> <p><input checked="" type="checkbox"/> 23. Designated Director/Training</p> <p><input checked="" type="checkbox"/> 24. CPR Certified Staff</p> <p><input checked="" type="checkbox"/> 25. First Aid Trained Staff</p> <p><u>Consultants</u></p> <p><input checked="" type="checkbox"/> 26. Agreements/Contracts (Complete/Signed Annually)</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Social Service</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dental</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> 27. Logs/Visits Documented</p> <p><u>Swimming: (Y/N)</u></p> <p><input checked="" type="checkbox"/> 28. Non-Swimmers Identified</p>		Contracts	Logs	Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health	<input type="checkbox"/>	<input type="checkbox"/>	Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><u>Swimming cont.</u></p> <p><input checked="" type="checkbox"/> 29. Staff/Child Ratios</p> <p><input checked="" type="checkbox"/> 30. CPR Certified Staff (20 years of age)</p> <p><input checked="" type="checkbox"/> 31. Lifeguard Certified/Supervision</p> <p><u>Record Keeping 19a-79-5a</u></p> <p><input checked="" type="checkbox"/> 32. Enrollment Information</p> <p><input checked="" type="checkbox"/> 33. Emergency Medical Permission</p> <p><input checked="" type="checkbox"/> 34. Authorized Released Permission</p> <p><input checked="" type="checkbox"/> 35. Field Trip Permission</p> <p><input checked="" type="checkbox"/> 36. Transportation Permission</p> <p><input checked="" type="checkbox"/> 37. Child Health Records/Immunizations/TB</p> <p><input checked="" type="checkbox"/> 38. Individual Care Plan (Signed by Parent/Staff)</p> <p><input checked="" type="checkbox"/> 39. Injury/Illness/Accident Reports</p> <p><u>Health and Safety 19a-79-6a</u></p> <p><input checked="" type="checkbox"/> 40. Nutritious Snacks/Meals (Required Food Groups)</p> <p><input checked="" type="checkbox"/> 41. Proper Refrigeration</p> <p><input checked="" type="checkbox"/> 42. Kitchen Separated</p> <p><input checked="" type="checkbox"/> 43. Hand Washing Before Eating/Food Handling</p> <p><input checked="" type="checkbox"/> 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory</p> <p><u>Physical Plant 19a-79-7a</u></p> <p><input type="checkbox"/> 45. License Premise: Clean/Good Repair/Hazard Free</p> <p><input checked="" type="checkbox"/> 48. Sanitary Drinking Fountains/Disposable Cups</p> <p>Water Supply: <u>Public Well</u></p> <p><input checked="" type="checkbox"/> 49. Lead Water Test Date: <u>8-27-21</u></p> <p>Bacterial/Chemical Test (Y/N) Date: _____</p> <p><input checked="" type="checkbox"/> 50. Walkways Maintained</p> <p><input checked="" type="checkbox"/> 51. Designated Staff Toilet/Sink</p> <p><input checked="" type="checkbox"/> 52. All Openings for Ventilation Screened</p> <p><input checked="" type="checkbox"/> 53. Windows Protected to Prevent Falls</p> <p><input checked="" type="checkbox"/> 54. Glass Protected to 36"</p> <p><input checked="" type="checkbox"/> 55. Overhead Doors Locking Devices/Spring Protectors</p> <p><input checked="" type="checkbox"/> 56. Exits/Hallways and Stairs Unobstructed</p> <p><input checked="" type="checkbox"/> 57. Individual Storage of Clothing/Bedding</p> <p><input checked="" type="checkbox"/> 58. Smoking Prohibited</p> <p><input checked="" type="checkbox"/> 59. Matches/Lighters Inaccessible</p> <p><input checked="" type="checkbox"/> 60. Electrical Safety: Outlets/Cords</p> <p><input checked="" type="checkbox"/> 61. Toileting Needs Met</p> <p><input checked="" type="checkbox"/> 62. Required Toilets/Sinks/Supplies</p> <p><input checked="" type="checkbox"/> 63. Potty Chairs: Nonporous/Emptied/Disinfected</p> <p><input checked="" type="checkbox"/> 64. Hand Washing After Toileting: Staff/Children</p> <p><input checked="" type="checkbox"/> 65. Ventilation in Toilet Room</p> <p><input checked="" type="checkbox"/> 66. Air Temp 65°, Thermometer Affixed</p>
	Contracts	Logs																	
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Health	<input type="checkbox"/>	<input type="checkbox"/>																	
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	

Signature of OEC Representative: 	Written Corrective Action Plan Due to OEC by: <u>7-1-22</u>	Signature of Person in Charge: 
Print name: <u>Lon Mangano</u>		Print name: <u>Marilia Serrano</u>

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Crowing Seeds Child Dev Center Ben Franklin	License Number: 7030 P	Date of Inspection: 6.17.22
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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 1/4" 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
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

N/A

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

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

N/A

Monitoring of Diabetes 19a-79-13 (No one currently 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: (LM) 7.1.22	Signature of Person in Charge
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Print Name: Lon Mangano Print Name: Maritza Serrano

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Child Dev Center ^{Ben Franklin} License # 70306 Date: 6.17.22

Observations/Corrections needed:

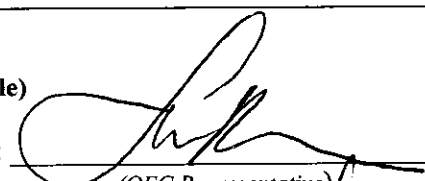
- (16) 1 staff with expired physical and 1 without physical on file. 2 without TB test on file.
- (17) 2 out of 8 without documentation of ^{current} annual review training - on file.
- (26) Health consultant contract not on file.
- (27) Health consultant annual reviews - logs not on file.
- (45) Room 9 - microwave has rust inside on edge. / Hall bathroom - metal wall dividers are rusted on bottom of each stall near toilet seats.
- (134) No documentation of visits on site for review.

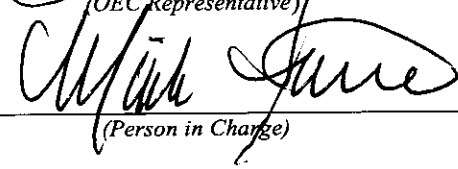
DISCUSSION

- Vents very dusty in Room 1 and 2 (bathrooms.)

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)

Signature: 
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7.1.22