

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Child Development Ctr. Date: 2/2/23 Time: 9:50
Location Address: 2 Trinity Place Norwalk Telephone #: 203 857-0708
e-mail address: growingseeds@sbcglobal.net License #: 16198 Expiration Date: 3/31/26
Capacity: 38/8 # of Children Present: 21 # of Staff Present: 4

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up to investigation 2023-83 on 1/30/23

Observations/Corrections needed:

(NS) 19a.79-4a(4)(D) staffing, supervision - Operator in compliance
with supervision at this visit. Sufficient staffing levels
observed.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: _____
(Person in Charge)
Print Name: Stephanie Crosswell