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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy Date: 3/7/23 Time: 3:00

Location Address: 117 Old State Rd. Brookfield Telephone #: 203-910-8824

e-mail address: director@growingseeds.one License #: 70647 Expiration Date: 4/30/24

Capacity: 120/60 # of Children Present: 61 # of Staff Present: 16(2)

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 on safe sleep

Observations/Corrections needed:

19a-79-10(g)(3)	6:2
#130 - Observed 6 loose crib sheets 5 in	6:2
one classroom + 1 in another classroom	4:1
	9:1
	4:1
	9:2
	6:2
	8:2
	4:1
	5:2

6

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: 3/21/23

Signature: _____ *(OEC Representative)*

Print Name: Kristin Morgan

Signature: _____ *(Person in Charge)*

Print Name: Yasmin Dias