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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy Date: 3/13/23 Time: 3:15

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

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

Capacity: 120/60 # of Children Present: 46 # of Staff Present: 13(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:

In compliance today	7:2
	3:1
	4:1
	10:1
	8:2
	5:2
	2:1
	2:1
	5:2

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: _____
(OEC Representative)
Print Name: Erin Morgan

Signature: _____
(Person in Charge)
Print Name: Kristina Desisseau