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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Growing Seeds Academy Date: 6/2/23 Time: 9:00

Location Address: 117 Old State Rd. Brookfield Telephone #: 203-910-9824

e-mail address: directore growing seed.org License #: 70647 Expiration Date: 4/30/24

Capacity: 120/60 # of Children Present: 45 # 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: partial inspection on Safe Sleep

Observations/Corrections needed:

In Compliance

9:3
3:2
7:2
7:2
6:2
7:2
3:2
2:1

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: Kristen Morgan

Signature: _____
(Person in Charge)
Print Name: Kristina Desrosiers - Knapp