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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Step-A-Way Nursery School Date: 11/1/21 Time: 11:45

Location Address: 423 Main St. Monroe Telephone #: 203-261-4717

e-mail address: Stepaway423@gmail.com License #: 12145 Expiration Date: 10/31/24

Capacity: 38/13 # of Children Present: 24 # of Staff Present: 3(1)

| | |
|---|---|
| ***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 fencing

Observations/Corrections needed:

In compliance 8:1
18:2

**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: [signature] (OEC Representative)

Print Name: Kristi Morgan

Signature: H Barnett (Person in Charge)

Print Name: Hannah Barnett