

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My First Steps Group Child Care Date: 2/23/22 Time: 11:15

Location Address: 138 Bruner St Hartford Telephone #: 860-406-3134

e-mail address: navarrete_vm@hotmail.com License #: 80014 Expiration Date: 2/28/22

Capacity: 12 (82) # of Children Present: 8 # of Staff Present: 3

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 _____
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Purpose of visit: Follow up on safe sleep

Observations/Corrections needed:

Pa-79-10(g)(3): In Compliance at time of visit

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: [Signature]

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)

Print Name: Virginia Adams