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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Date: 3/28/22 Time: 1:45

Location Address: 370 Albany Tpke, canton Telephone #: (860) 693-6294

e-mail address: dg@steppingstonesedctr.com License #: 13372 Expiration Date: 5/31/22

Capacity: 88/13 # of Children Present: 30 # of Staff Present: 8

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: Fence Follow-up

Observations/Corrections needed:

19a-79-7a(h)(7)(A) - OK✓

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: Erin Wright
(OEC Representative)
Print Name: Erin Wright

Signature: Danielle Gagnon
(Person in Charge)
Print Name: Danielle Gagnon