

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Step Child Care + Learning Ctr. Date: 4/4/22 Time: 1:55

Location Address: 95 Hamilton St. New Haven Telephone #: 203 498-0812

e-mail address: director@firststepct.com License #: 70158 Expiration Date: 1/31/26

Capacity: 161/71 # of Children Present: 47/33 # of Staff Present: 12+

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 related to 2021-678 investigation

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision
Operator in compliance with this regulation at time of this visit.

(S) 19a-79-10(g)(4) Under three endorsement, sleep arrangements - operator failed to have infants sleeping in an approved crib when two babies were observed to be sleeping in seats. ~~QWBB~~
Only one crib observed to have a sheet on a mattress. Documentation showed babies slept between noon and two pm

(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: 4/18/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Jennie Ameluta
(Person in Charge)

Print Name: Jennie Ameluta