

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: 5/4/22 Time: 2:15

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: 62 # of Staff Present: 15+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow-up to visit on 4/4/2022

Observations/Corrections needed:

(NS) 19a-79-10(g)(4) Under three endorsement, sleep arrangements
Operator was in compliance with this regulation
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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Jennie Lambert
(Person in Charge)

Print Name: Jennie Lambert