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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learning Steps Preschool Date: 5/27/22 Time: 8:15

Location Address: 4 West Granby Rd., Granby Telephone #: 860-653-1503

e-mail address: learningstepspec@gmail.com License #: 70580 Expiration Date: 10/31/24

Capacity: 67 # of Children Present: 13 # of Staff Present: 5

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 to 4/26/22 inspection.

Observations/Corrections needed:

Check all CAP items including ratios, (reported complete)
#1 - Local Health - observed dated 9/4/20
21 - Ratio - met at follow up.
26 - Agreements - Dental, Health, Social, Education all current.
(27) - Logs - Education consultant log not current.
(140) - 2 bottles observed not labeled in waddler room.
134 - Observed health consultant log to reflect weekly visits/logs.
37 - Observed flu shot documentation.
(45) - Some microwaves and sinks soiled.
~~(49)~~ - Observed lead 3/2/22 and bacterial 9/25/22.
97 - Observed medication administration policy.
(88) - Not all areas measure 8" deep with impact material.

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: 6/10/22

Signature: Linda Moylan (OEC Representative)

Print Name: Linda Moylan

Signature: _____ (Person in Charge)

Print Name: Debra Mendoza