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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovery & Dev. Date: 5/31/22 Time: 9:39

Location Address: 177 Pleasant Valley Road Groton Telephone #: 8604460441

e-mail address: lagudelo essddc@gmail.com License #: 70542 Expiration Date: 3/31/24

Capacity: 40 # of Children Present: 26 # of Staff Present: 7

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 2/24/22 inspection

Observations/Corrections needed:

There were no cited violations at today's visit. Corrections have been completed.

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: _____ *(OEC Representative)*

Print Name: Carolynne DeLoreto

Signature: _____ *(Person in Charge)*

Print Name: Laura Aguadelo