

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Steps Daycare Date: 8/9/22 Time: 12:45

Location Address: 575 Monroe Pk Monroe Telephone #: 203-526-2976

e-mail address: Little.steps.childdaycare@gmail.com License #: 70553 Expiration Date: 7/31/24

Capacity: 39/23 # of Children Present: 20 # of Staff Present: 8(1)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: partial inspection Sat sleep + capacity

Observations/Corrections needed:

In compliance at this time 4:1

7:2

8:2

7:3

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: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: María Ferreira