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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Step-a-way nursery School Date: 10/19/22 Time: 10:04

Location Address: 423 Main St. monroe Telephone #: 203-261-4717

e-mail address: Stepaway423@gmail.com License #: 12145 Expiration Date: 10/31/24

Capacity: 38 # of Children Present: 29 # 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 on ratio

Observations/Corrections needed:

in compliance today

4:1

7:2

18:2

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: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Hannah Barnett