

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: E2 Steps Learning Center Date: 12-6-22 Time: 11:30
Location Address: 877 Long Ridge Rd Stanford Telephone #: 703-588-9550
e-mail address: lillysdaycare249@gmail.com License #: 70488 Expiration Date: 4.30.23
Capacity: ^{LM} 30/14 # of Children Present: 19 # of Staff Present: 5

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: partial inspection to 12/6/22 change inspection (Ratio)

Observations/Corrections needed:

(21) Ratio - Observed 1 to 5 ratio in infant room

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: 12-20-22

Signature: [Signature]
(OEC Representative)
Print Name: Lori Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Caitlin Swift