

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: E2 Steps Learning Center Date: 12.9.22 Time: 1148

Location Address: 877 Long Ridge Rd Stamford Telephone #: 203 588-9550

e-mail address: lillyn.daycare249@gmail.com License #: 70488 Expiration Date: 4.30.23

Capacity: 30/14 # of Children Present: 19 # of Staff Present: 6

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: Follow up to partial inspection on 12.6.22 on Ratio (#110)


Observations/Corrections needed:


Ratio- #110 - OK at inspection

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: Lon Mangano

Signature:  _____
(Person in Charge)
Print Name: Caitlin Swift