

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovery : Dev. Date: 1/10/23 Time: 9:49 AM

Location Address: 177 Pleasant Valley Rd S. Gorton Telephone #: 860 446 0441

e-mail address: Laura-agudelo@yahoo.com License #: 70542 Expiration Date: 3-31-24

Capacity: 40 # of Children Present: 13 # of Staff Present: 4

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow up to full inspection 11-30-22

Observations/Corrections needed:

- #2 corrected
- #16 corrected
- #17 Staff have completed several trainings - corrected
- ⑤ #19 pending printing of new certificate (copy)
- ⑤ #23 not corrected - enrolled in may 2023 course (proof)
- #24 corrected
- #25 corrected
- #38 corrected
- ⑤ #45 bathroom vents still dusty
- #60 corrected
- #76 corrected
- #93 corrected
- #100 corrected
- #101 corrected

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: 1-25-23

Signature: Cecilia Deloreto

Print Name: (OEC Representative) Cecilynn Deloreto

Signature: Laura Agudelo

Print Name: (Person in Charge) Laura Agudelo

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovery License # 70542 Date: 4/11/23

Observations/Corrections needed:

- ⑤ #102 observed care plan includes benadryl but no benadryl on site
- #121 corrected

Additional violations cited at visit:

- \* ⑤ #130 observed hazards in two out of three cribs in the infant room.
  - one crib had loose sheets and was set at the highest height for an 8 month old
  - one crib was set too high for the nine month that uses it.
  - \* immediate correction needed

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Signature: Carlynn Deloreto  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Laura Agudelo  
(Person in Charge)

OEC BY: 1-25-23

Laura Agudelo