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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Step-A-way Nursery School Date: 1/10/23 Time: 9:00

Location Address: ~~Step-a-~~ 423 Main St. Ansonia Telephone #: 203-241-4717

e-mail address: stepaway423@gmail.com License #: 12145 Expiration Date: 10/31/24

Capacity: 38/13 # of Children Present: 27 # of Staff Present: 5(1)

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: Partial inspection on ratio

Observations/Corrections needed:

in compliance

5:1

7:2

15:2

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: H Barnett
(Person in Charge)