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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center Date: 1/23/23 Time: 1:45

Location Address: 370 Albany Tpke, Canton Telephone #: (860) 693-6294

e-mail address: dg@steppingstonesedctr.com License #: 13372 Expiration Date: 5/31/26

Capacity: 88/13 # of Children Present: 45 # of Staff Present: 8

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*** N/A

Purpose of visit: follow-up to 12/1/22

Observations/Corrections needed:

1. Local health inspection: OK✓ dated 12/5/22
9. Fire Marshal certificate: OK✓ dated 12/8/22
16. staff physicals: OK✓
23. Director Training: class completed✓
26. Consultant contracts: OK✓
27. Consultant Logs: OK✓
33. Emergency medical permission: OK✓
34. Authorized Release: OK✓
38. care plan: OK✓
45. Licensed premise: OK✓
67. Water Temperature: OK✓
111/112. Group size/Physical Barrier: OK✓
19a-79-4a(b)-Background checks - medical waiver observed from Doctor

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: Erin Waight
(OEC Representative) E. Waight

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

Signature: _____
(Person in Charge)