

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovery and Dev. Ctr. Date: 2/1/23 Time: 9:30
Location Address: 177 Pleasant Valley Rd Groton Telephone #: 860 446 0441
e-mail address: laura-agudelo2000@yahoo.com License #: 70542 Expiration Date: 3-31-24
Capacity: 40 # of Children Present: 14 # of Staff Present: 4

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: Follow up to visit on 1-11-23

Observations/Corrections needed:

(NS) #19 head teacher certificate renewed school age endorsement with state. New certificate requested.

(P) #23 Director course scheduled to begin 3/27/23

(NS) #45 Bathroom vents have been cleaned

(NS) #102 Benadryl on site for care plan

(NS) #130 cnb safety observed no cnb violations at today's visit

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: Cynthia Depardo
(OEC Representative)

Print Name: Cynthia Depardo

Signature: Laura Agudelo
(Person in Charge)

Print Name: Laura Agudelo