

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My First Steps Group Child Care Date: 2/14/23 Time: 9:00

Location Address: 138 Bonner St Hartford Ct 06106 Telephone #: 860-406-3134

e-mail address: nayank_vm@icloud.com License #: 80014 Expiration Date: 2/28/26

Capacity: 12 # of Children Present: 8 # of Staff Present: 3

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 safe sleep.

Observations/Corrections needed:

9a-79-10(a)(3): Safe Sleep: In Compliance at time of 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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dabo

Signature: [Signature]
(Person in Charge)

Print Name: Silvia Cajas