

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Next Step Learning Center Date: 3-3-23 Time: 8:00  
Location Address: 1154 Blue Hills Ave Bloomfield Telephone #: 860-752-5449  
e-mail address: nextstepcenter@gmail.com License #: Pending Expiration Date: Pending  
Capacity: 32 # of Children Present: 0 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Initial Follow-Up

Observations/Corrections needed:

Program will switch reading and block area for lighting in purple room.  
All other items have been corrected

Witness statement taken regarding Family Provider license hours, Head Teacher requirements for 60% of time at center

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: NA

Signature: [Signature]  
(OEC Representative)

Print Name: Dianne Wassenaar/Johanne Dato

Signature: [Signature]  
(Person in Charge)

Print Name: MADEUNE SANTIAGO

### Written Statement

Facility Name: Next Step Learning Center

Date: 3/3/23

Address: 1154 Blue Hills Ave

License Number: Pending

Town: Bloomfield

Expiration Date: Pending

Name: \_\_\_\_\_

Investigator: N/A

To whom it may concern:

I am Madeline Santiago I have a home daycare license and I am applying for a center license as well. I am a Head Teacher for the center and I am aware that it's required for me to be in the building site for 60% of the time.

As far as my home daycare license I will be making a notification of change since I can't have to license at a time nor I can't be in two places at one. Home license will change to night care and weekend care.

By affixing my signature to this statement, I acknowledge that I have read it and/or have had it read to me and it is accurate and true to the best of my knowledge and belief. I understand that this statement will be used in the course of this investigation and may be used in an administrative proceeding or court proceeding relative to the facility licensing.

Signature: M. Santiago

Date: 3/3/2023

Investigator Signature: [Signature]

Date: 3-3-23