

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EZ Steps Learning Center Date: 4.11.23 Time: 9:00 am

Location Address: 877 Long Ridge Rd Telephone #: 203 588-9550

e-mail address: lillysdaycare249@gmail.com License #: 10488 Expiration Date: 4.30.27

Capacity: 30/14 # of Children Present: 20 # of Staff Present: 6

| | |
|--|---|
| 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> |
|--|---|

Purpose of visit: Follow up to 3/27/23 inspection #20 (2 staff present)

Observations/Corrections needed:

20. Inspector observed sign in and out sheets for staff for the past 2 weeks.
2 Staff are present at 7:30 am each day - In compliance.

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: [Signature]
(OEC Representative)
Print Name: Len Mangano
Signature: C. Swift
(Person in Charge)
Print Name: Caitlin Swift