☐ Initial ☒ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center Date: 4/11/23 Time: 3:15

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: 40 # of Staff Present: 10

| | |
|---|---|
| ***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: Partial - Ratio/ Group size

Observations/Corrections needed:

No violations at this time.

**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 Wraight *(OEC Representative)* E. Wraight

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

Signature: _____ *(Person in Charge)*