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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learning Steps Preschool Date: 4/28/23 Time: 8:25

Location Address: 4 West Granby Rd, Granby Telephone #: 860-653-1503

e-mail address: learningstepspcc@gmail.com License #: 70580 Expiration Date: 10/31/24

Capacity: 64 # of Children Present: 27 # of Staff Present: 6

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 3/9/23 full.

Observations/Corrections needed:

Check CAP items, including ratios.

Observed some CAP items. Ratios met. Local health inspection report to be sent to me.

80- CO detector observed downstairs without battery.

60- Observed outlets uncovered downstairs.

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: 5/11/23

Signature: Linda Moylan *(OEC Representative)*

Print Name: Linda Moylan

Signature: _____ *(Person in Charge)*

Print Name: Debra Mendoza