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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EZ Steps Learning Center Date: 6.14.23 Time: 9.27am

Location Address: 877 Long Ridge Rd Stamford Telephone #: 203.588.9550

e-mail address: lilysdaycare249@gmail.com License #: 10488 Expiration Date: 4.30.27

Capacity: 20/14 # of Children Present: 30 # of Staff Present: 9

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: Partial Inspection to 3/27/23 inspection (2 staff present)

Observations/Corrections needed:

20- Reviewed sign in and out sheets for staff and children. 2 staff present daily during all operating hours. Program 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: _____
(OEC Representative)
Print Name: Lori Mangano

Signature: _____
(Person in Charge)
Print Name: Lilia Vitkov