

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Steps Day Care Date: 6/26/23 Time: 2:30

Location Address: 575 Monroe TrkE Monroe Telephone #: 203-590-3638

e-mail address: littesteps.childdaycare@gmail.com License #: 20553 Expiration Date: 7/31/24

Capacity: 39/23 # of Children Present: 29 # of Staff Present: 6(1)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: partial inspection on safe sleep.

Observations/Corrections needed:

in compliance P:1
7:1
7:2
7:2

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: DLH

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: [Signature]