Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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Email: oec.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	**LEARNING STEPS**				**License Number**	**DCCC.70580**	**Date of Inspection**	**05/22/2024**
					Expiration Date	**10/31/2024**	**Time of Inspection**	**01:00 PM**
Address	**4 W GRANBY RD** **GRANBY CT 06035-2117**				**Telephone**	**(860) 653-1503**	**Total Capacity**	**67**
					Days and Hours	**M-F 6:30-6:00PM**	**Under Three Capacity**	**24**
#Children Present	**47**	**# Under 3 Present**	**27**	**# Staff Present** **9**			**Summer Care**	**Open**
Purpose of Inspection	**Follow-up to 5/17/2024 for safe sleep, ratio, and supervision**				**Name of Inspector**	**Karen Kellerman**		
Program's Email	**learningstepspcc@gmail.com**				**Inspector's Email**	**karen.kellerman@ct.gov**		

Regulatory Violations

Statute and/or Regulation:	**Description:**

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Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Other Findings – Regulations In Compliance

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

No violations observed at this follow-up for safe sleep, ratios, and supervision.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Person in Charge)
Karen Kellerman (Printed Name)	(Printed Name)		Debra Mendoza (Printed Name)