

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ordered Steps Learning Center Date: 1.2.25 Time: 1:10 pm

Location Address: 110 Prospect St Ste 2 and 13 Telephone #: 203 524-5929

e-mail address: orderedstepsremc@.gmail.com License #: 70754 Expiration Date: 5.31.28

Capacity: 20/11 # of Children Present: 8 # of Staff Present: 4

**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: Follow up to 12.3.24 and 12.17.24 inspection

Observations/Corrections needed: Regulation not met when...

5(b)(6) - OK

161(b)(3)(A-B) - 2 medications without medication authorization forms + 1 authorization form for PRAMS expired.

7(b)(7)(B) - OK

164(b)(5)(A-B) - 1 epi-pen not labeled

27(d)(4)(B) - OK

165(b)(5)(C) - OK

36(a)(1)(A-C) - OK

166(b)(5)(D) - 1 expired epi-pen

37(a)(1)(D)(i) - OK

19a-79-3a(a) - Program did not ensure health and safety

38(a)(2)(A-B) - OK

of children when 2 children require medications on site as per care plan.

40(a)(2)(E) - 2 individual care plans not signed by staff

48(a)(3) - OK

66(c)(2) - OK

88(e)(5) - OK

95(e)(10) - OK

121(d)(1)(A-C) - needs local health approval for use. (send copy)

133(h)(2) - OK

160(b)(1)(D) - OK

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: 1.16.25

Signature: Cathy Amore

Print Name: Lin Mangano (OEC Representative) Cathy Amore

Signature: Falasha Campbell

Print Name: Falasha Campbell (Person in Charge)

