

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center Date: 1/13/25 Time: 10⁴⁹ am

Location Address: 370 Albany Turnpike Canton Telephone #: 860-693-6294

e-mail address: dg@steppingstonesedctr.com License #: 13372 Expiration Date: 5/31/26

Capacity: 80/13 # of Children Present: 39 # 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: Investigation 2024-1345 (Case #)

Observations/Corrections needed:

19a-79-3a(b)(7)(A) Administration - child behavior management
(WS) Insufficient evidence to substantiate allegations.

19a-79-3a(b)(7)(E) Administration - Mandated reporting
(S) Program staff failed to report to the Department of Children & Families (DCF)
when staff person informed Director staff observed another staff tug
a child's ear and pull a child's hair within required timeframe. Additionally
when contacting DCF, program staff have not completed nor submitted
the DCF-136 form within state law requirements.

Discussions

- DEC representative provided guidance on finding DCF online training
as well as requesting in-person DCF mandated reporter training. Program
is in process of having all staff formally trained by DCF.

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: 1/27/25

Signature: Evelyn Vicente-Puñeros

(OEC Representative)
Print Name: Evelyn Vicente-Puñeros

Signature: Danielle Gagnon

(Person in Charge)
Print Name: Danielle Gagnon