☐ 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: 10 49 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 2024-1344 (case #)

Observations/Corrections needed:

19a-79-3a(b)(7)(A) Administration - child behavior management

(NS) 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 that staff observed another staff member spank a child within required timeframe. Additionally when contacting DCF program staff have not completed nor submitted the DCF-136 form within state law requirements

Discussions

- OEC 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-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente-Quiñones

Signature: _____
(Person in Charge)
Print Name: Danielle Gagnon