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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center Date: 1.30.25 Time: 2:00pm

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

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

Capacity: 80 # of Children Present: 33 # of Staff Present: 6

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*** n/a

Purpose of visit: follow up to 12.27.24 inspection

Observations/Corrections needed:

#6 Child behavior management: √OK

#8 Child protection: √OK

#9 mandated reporting: √OK

#10 Notification of change: √OK

#12 Daily attendence: √OK

#18(e)(6) Developmental milestone sheet posted: √OK

#33(h)(1)(2) Professional Development: √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: 2/13/25

Signature: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

Signature: Wanda Mazzarello
(Person in Charge)
Print Name: Wanda Mazzarello

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center License # 13372 Date: 1·30·25

Observations/Corrections needed:

#35(i) Nurse consultant contract: √OK

#38 Child health records: √OK

#101 radon test: √OK

#160(b)(1)(D) injectable medication training: √OK

#161(b)(3)(D) Medication authorizations: √OK

* Playground inspection complete. Ground snow covered and frozen. Program responsible for ensuring 8 inches of impact absorbing material is under climbing equipment at all times.

Program not in compliance when:

19a-79-7a(h)(5) Observed two small slides on toddler playground not anchored/secure.

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Signature: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/13/25

Signature:
(Person in Charge)
Print Name: Mandi Mazzarella