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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learning Steps Date: 4.25.25 Time: 9:30am

Location Address: 4 W Granby Rd. Telephone #: 860-653-1503

e-mail address: learningstepspcc@gmail.com License #: 70580 Expiration Date: 10/31/28

Capacity: ~~9~~ 62/32 # of Children Present: 37/27 # 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*** n/a

Purpose of visit: Follow up to 4/4/25 inspection

Observations/Corrections needed:

#46 license premise clean: √OK

#94 lighting: √OK

#102 carbon monoxide detector: √OK

#104 Equipment clean and safe: √OK

#113 Fences installed to protect from hazards: √OK

#19a-79-10(c)(3) Infant/Toddler Group Size: √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: n/a

Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: _____
(Person in Charge)

Print Name: _____