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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Education Center Date: 5/1/25 Time: 11:18 am

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

e-mail address: dg@steppingstonesedctr.com License #: 13372 Expiration Date: 5/31/24

Capacity: 88/13 # of Children Present: 44 # 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: Case # 2025-402

Observations/Corrections needed:

19a-79-3a(d)(6)(B) Administration - Agreements with parents

(5) Regulation not in compliance when Program does not have policy in place in regards to agreement with parents for process for child(ren) to transition from school to child care to school

19a-79-5a(a)(1)(D(iv) Record Keeping - Permission

(5) Regulation not in compliance when program does not have specific written permission forms signed by parent(s) authorizing transportation services.

Discussions:

- Child not present today during OEC visit; however OEC observed another child transition from child care to van to go to school safely and buckled in.

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: 5/15/25

Signature: Evelyn Vicente-Quiñones
(OEC Representative)

Print Name: Evelyn Vicente-Quiñones

Signature: _____
(Person in Charge)

Print Name: Danielle Gagnon