

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EZ Steps Learning Center Date: 5-21-25 Time: 1240
Location Address: 877 Long Ridge Rd Stamford Telephone #: 203-588-9550
e-mail address: lillysdaycare249@gmail.com License #: 70488 Expiration Date: 4-30-27
Capacity: 30/14 # of Children Present: 32/13 # 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: Partial inspection to 3-18-25 inspection (Ratio/Group size)

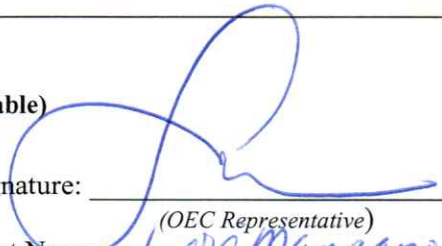
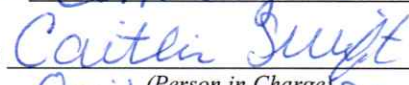
Observations/Corrections needed:

118(c)(2) - Ratios - OK at inspection
119(c)(3) group size - OK at inspection
120(c)(4) - Physical barriers - OK at inspection

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: 
(OEC Representative)
Print Name: Len Mangano
Signature: 
(Person in Charge)
Print Name: Caitlin Swift