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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Learning Steps Date: 7.23.25 Time: 1:45

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

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

Capacity: 62/32 # of Children Present: 44/13 # of Staff Present: 10

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: safe sleep | group size partial inspection

Observations/Corrections needed:

★ NO violations

Discussed: Observed inflatable waterslide; not being used. waterslide has small pool at bottom.

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: Brittany Clayton
(Person in Charge)
Print Name: Brittany Clayton