



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	ORDERED STEPS LEARNING CENTER				License Number	DCCC.70756		Date of Inspection	01/21/2026		
					Expiration Date	5/31/2028		Time of Inspection	10:42 AM		
Address	110 PROSPECT ST STE 2 STAMFORD CT 06901-1203				Telephone	(929) 329-6887		Licensed Capacity	26		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	11		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	18 – 5 month years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	orderedstepsremote@gmail.com					
Operator	ORDERED STEPS LEARNING CENTER, LLC				Director	FALASHA CAMPBELL					
Endorsements	Pre-School, Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	5	# Total Children Present	15	# of Staff Present	2	Purpose of Visit	Consent order monitoring visit #2			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[-] 180- CO/NCAP Compliance Violation(s)
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Condition #8 - In Compliance - Falasha Campbell documented that she read the regulations on 7/20/25. Documentation observed in the program's consent order binder. Condition #9a - In Compliance - Falasha Campbell requested an application from CQIS on 6/30/25 and contract was signed by Ms. Campbell and Elizabeth Parmalee (CQIS) on 7/31/25. Ms. Campbell will include a policy referencing the use of checklists for physical plant and record keeping as her policy/procedure. Observed written plan for the administrative oversight. Condition #9b - In Compliance - Observed documentation of monthly administrative audits on 10/1/25, 11/11/25, 12/5/25, and 1/10/26. Condition #9c - In Compliance - Observed policies in consent order binder. Condition #10 - In Compliance - Falasha Campbell requested an application from CQIS on 6/30/25 and contract was signed by Ms. Campbell and Elizabeth Parmalee (CQIS) on 7/31/25. Observed summary of observations located in the consent order binder for the months of July, August, September, October and December with the first visit being conducted on 7/31/25. Observation scheduled for November had to be canceled and will be made up in January. Condition #11 - In Compliance - Documentation of the attendance of Falasha Campbell's presence at monthly observations observed on each of the monthly observation summaries provided by Elizabeth Parmalee. Condition #12 - In Compliance - Observation summaries are provided at the conclusion of each visit, printed and placed in the consent order binder. Falasha Campbell understands that the recommendations based on these observations conducted will be implemented for a period of 2 years from the date of the consent order. Observation scheduled for November had to be canceled and will be made up in January. Condition #13 - In Compliance - Documentation observed in consent order binder that the consent order was sent via google forms. Condition #14 - In Compliance - Documentation observed in consent order binder. Condition #15 - In Compliance - Documentation observed in consent order binder.

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Falasha Campbell	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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