

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Roxco Activities Program Date: 9.17.21 Time: 7:32am

Location Address: 751 West Hill Road Stamford Telephone #: 203609.9027

e-mail address: abus@roscco.org License #: 16662 Expiration Date: 5.31.25

Capacity: 80 # of Children Present: 0 # of Staff Present: 3

**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 6/3/21 inspection on 2 staff present

Observations/Corrections needed:

20-TWO staff present - 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: 

Print Name: LON MARYANO  
(OEC Representative)

Signature: 

Print Name: Lily Prada  
(Person in Charge)