

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quamco Activities Program Date: 12/11/21 Time: 7:30am

Location Address: 123 Ridgewood Avenue Stamford Telephone #: 203.609.9027

e-mail address: abis@roscco.org License #: 16664 Expiration Date: 6.30.25

Capacity: 80 # of Children Present: 3 # of Staff Present: 2

**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: Follow up to 12.9.21 inspection (two staff present)

Observations/Corrections needed:

#20 - two staff present - OK at inspection

19a-79-2a(e)(8) - The operator did not post inspection report for 30 of the program's operating days. Inspection was on 12/9/21

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: 12.31.21

Signature: 

Print Name: Eun Manfand
(OEC Representative)

Signature: Evan White

Print Name: Evan White
(Person in Charge)