

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northco Activities Program Date: 3/14/22 Time: 2:30

Location Address: 82 Scofieldtown Rd Stamford Telephone #: 203 609-9027

e-mail address: abis@roscco.org License #: 16657 Expiration Date: 5/31/25

Capacity: 80 # of Children Present: 28 # of Staff Present: 4

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Partial inspection

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) Staffing, supervision - operator in compliance with supervision of children at time of 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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Sheila Henn
(Person in Charge)

Print Name: Sheila Henn