

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quamco Activities Program Date: 3-21-22 Time: 7:25

Location Address: 123 Ridgewood Ave Stamford Telephone #: 203-609-9027

e-mail address: abis@roscco.org License #: 16664 Expiration Date: 6-30-25

Capacity: 80 # of Children Present: 1 # of Staff Present: 1

**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 12/9/21 inspection #20 2 staff present

Observations/Corrections needed:

#20 - 1 staff present with 1 child at 7:25 am. 2nd staff arrived at 7:30 am

#5 Notification of change - child at program at 7:20 am. Program is supposed to begin at 7:30 am. No notification of change provided to OEC to change program hours.

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: 4-4-22

Signature: [Signature]  
Print Name: Con Mangano  
(OEC Representative)

Signature: [Signature]  
Print Name: Styler Dixon  
(Person in Charge)