

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bosco Activities Program Date: 3.29.22 Time: 7:30

Location Address: ^(LM) 202 Blachley Rd Stamford Telephone #: 203609.9027

e-mail address: abis@bosco.org License #: 16781 Expiration Date: 8-31-22

Capacity: 244 # of Children Present: 2 # 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 3.3.22 inspection

Observations/Corrections needed:

19a-79-4a(c)(4)(D) Supervision - OK at inspection

20 - Two staff present - OK at inspection

145 - Ratios - 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: NTA

Signature: [Signature]
(OEC Representative)

Print Name: Lon Mangano

Signature: [Signature]
(Person in Charge)

Print Name: Ani Kavzharadze