

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quamco Activities Program Date: 4.8.22 Time: 736

Location Address: 123 Ridgewood Ave Stamford Telephone #: 203.609.9027

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

Capacity: 20 # of Children Present: 4 # of Staff Present: 2

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up to Partial inspection on 3.21.22 (#20 2staff present)


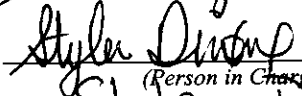
Observations/Corrections needed:

#20. TWO staff present - OK at inspection - At 730am 1 staff was present but did not accept children into program until 2nd staff member arrived at 736

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: 
(OEC Representative)
Print Name: Lon Mangano
Signature: 
(Person in Charge)
Print Name: Styler Dixon