

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Education Station at the IC Date: 5.2.22 Time: 9:15am

Location Address: 1620 Newfield Ave Stamford Telephone #: 203 322-6941 x115

e-mail address: lsecck@italiancenter.org License #: 13232 Expiration Date: 3.31.26

Capacity: 78 # of Children Present: 64 # of Staff Present: 14

**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 4.22.22 inspection (Safe Sleep)

Observations/Corrections needed:

#130 - OK at inspection

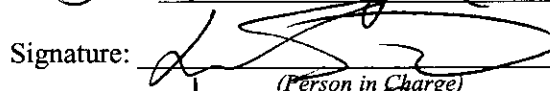
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: N/A

Signature: 

(OEC Representative)
Print Name: Lon Mangione

Signature: 

(Person in Charge)
Print Name: Lauren Secck