☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Murco Activities Program Date: 5.6.22 Time: 7:26am

Location Address: 19 Horton St Stamford Telephone #: 203.609.9027

e-mail address: abis@roscco.org License #: 70208 Expiration Date: 10.31.22

Capacity: 120 # of Children Present: 0 # 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 5.3.22 inspection #20 two staff present

Observations/Corrections needed:

#20. 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: Lori Mangano

Signature: M. Papadakos
(Person in Charge)
Print Name: Maria Papadakos