

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Roscco Activities Program Date: 6-2-22 Time: 730  
Location Address: 202 Blachley Road Stamford Telephone #: 203 609-9027  
e-mail address: abrs@roscco.org License #: 16781 Expiration Date: 831.22  
Capacity: 244 # of Children Present: 2 # of Staff Present: 2

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: partial inspection to 3-3-22 inspection (2 staff present, ratios, supervision)

Observations/Corrections needed:

20-Two staff present - OK at inspection

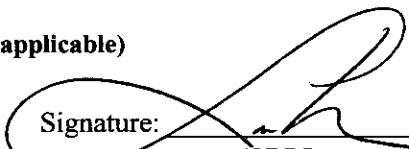
19a-79-4a(c)(4)(D) - Supervision - OK at inspection

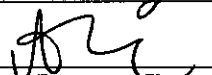
145 - Ratio - OK at inspection

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: Lin Mangano

Signature:   
(Person in Charge)  
Print Name: Ani Kavzhadze