

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quamco Activities Program Date: 6-9-22 Time: 7:30

Location Address: 123 Ridgewood Ave Stamford Telephone #: 2036099027

e-mail address: abise@roscco.org License #: 14664 Expiration Date: 6-30-25

Capacity: 80 # of Children Present: 3 # 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: Partial inspection to 3/21/22 partial inspection (Two Staff present #20)

Observations/Corrections needed:

#20 Two Staff present - OK at inspection

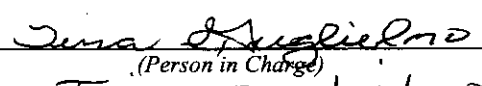
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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 Mangano

Signature: 
(Person in Charge)

Print Name: Tina Guglielmo