

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Education Station at the IC Date: 7-13-22 Time: 9:07 am

Location Address: 1120 Newfield Ave Stamford Telephone #: 203.322.6441 x115

e-mail address: lsecKO@millioncenter.org License #: 13232 Expiration Date: 3-31-26

Capacity: 78/28 # of Children Present: 52 # of Staff Present: 20

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>
--	---

Purpose of visit: Partial inspection to 4/22/22 inspection (#130 Safe Sleep)

Observations/Corrections needed:

#130: OK at inspection. All crib sheets fit snug today.

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 Mariano

Signature: 
(Person in Charge)

Print Name: Lauren Seclo-Pagan