

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Murco Activities Program Date: 9-13-22 Time: 7:30

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 @ 7:30 am  
2 @ 7:36 am

**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 5-3-22 inspection (2 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.

Signature: [Signature]  
(OEC Representative)

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

Signature: [Signature]  
(Person in Charge)