

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hartco Activities Program Date: 10.6.22 Time: 7:31am

Location Address: 61 Adams Ave Stamford Telephone #: 203 609 9027

e-mail address: abrya@nasco.org License #: 14665 Expiration Date: 5.31.25

Capacity: 160 # of Children Present: 3 # of Staff Present: 3

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>
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Purpose of visit: Follow Up to 9.15.22 inspection (staff files)

Observations/Corrections needed:

16- Staff health records/TB test - OK at inspection

17- Professional Development - OK at inspection

19- Designated Head Teacher - OK at inspection

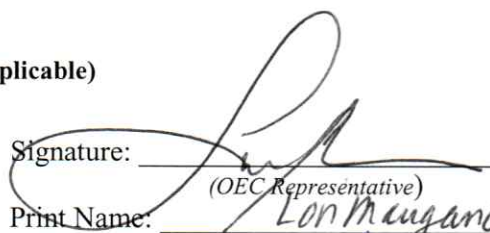
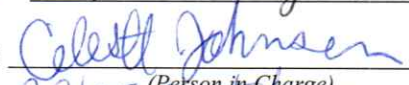
24- CPR certified staff - OK at inspection

25- First Aid Trained staff - 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: NIA

Signature: 
(OEC Representative)
Print Name: Lon Mangano
Signature: 
(Person in Charge)
Print Name: Celeste Johnson