

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NEW!D Activities Program Date: 1.9.25 Time: 2:45

Location Address: 345 Pepper Ridge Rd Stamford Telephone #: 203609.9027

e-mail address: abis@reelco.org License #: 116663 Expiration Date: 5.31.25

Capacity: 80 # of Children Present: 47 # of Staff Present: 3

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: Follow up to 1.6.25 inspection (Ratio)

Observations/Corrections needed: Regulation not met when...

(143(d) Ratio - observed 3 staff with 47 children.

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: 1.23.25

Signature: _____
(OEC Representative)
Print Name: Lon Mangano
Signature: _____
(Person in Charge)
Print Name: Gianna Olavaria