

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Newly Activities Program Date: 1.16.25 Time: 2:42
Location Address: 345 Pepper Ridge Rd Stamford Telephone #: 203 609 9027
e-mail address: abisc@rosco.org License #: 16643 Expiration Date: 5.31.25
Capacity: 80 # of Children Present: 33 # of Staff Present: 4

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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: 2nd follow up to 1/6 and 1/9/25 on ratio


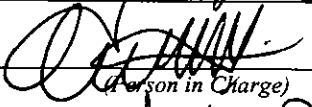
Observations/Corrections needed:

143(d) Ratio - 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: Audette Bisillon