

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nawco Activities Program Date: 3.17.15 Time: 2:35

Location Address: 345 Pepper Ridge Rd Stamford Telephone #: 203.609.9027

e-mail address: abis@rescwo.org License #: 16663 Expiration Date: 5.31.25

Capacity: 80 # of Children Present: 20 # of Staff Present: 5

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: Partial inspection to 1/6/25 and 1/9/25 inspection on ratio

Observations/Corrections needed:

143 Ratio 1 to 15 - 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: [Signature]
(OEC Representative)
Print Name: Levi Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Gianra Chiarro