

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Education Station at the IC      Date: 4/22/25      Time: 1:15 pm  
Location Address: 1620 Newfield Ave Stamford, Ct 06905      Telephone #: (203) 322-6941  
e-mail address: rdattillo@italianearly.org      License #: 13232      Expiration Date: 3-31-26  
Capacity: 139      # of Children Present: 103      # of Staff Present: 19

**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: Complaint Investigation

Observations/Corrections needed:

S=19a-79-7a (d)(8) Staff admitted to vaping at the ramp into the center and in the classroom - She was not aware of the requirement.

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: 5.6.25

Signature: [Signature]  
(OEC Representative)  
Print Name: Terr R Roberts  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jamie Givk