

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Strawco Activities Program Date: 4/16/25 Time: 2:25pm
Location Address: 200 Strawberry Hill Ave Stamford, CT 06902 Telephone #: (703) 609-9027
e-mail address: abis@msw.org License #: 70346 Expiration Date: 1.31.29
Capacity: 113 # of Children Present: 51 # of Staff Present: 8

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: Self Reported Incident

Observations/Corrections needed:

- P = 19a-79-4a(d)(4)(D) Outdoor Supervision
- P = 19a-79-7a(h)(2) Verification of impact material
- P = 19a-79-5a(a)(4) Video recording of incident
- S = 19a-79-5a(a)(3)(A) Injury report not on licensed premises

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: 4.30.25

Signature: J.R. Roberts
(OEC Representative)
Print Name: Jenni R Roberts
Signature: Crystal Murray
(Person in Charge)
Print Name: Crystal Murray