



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	NORTHCO ACTIVITIES PROGRAM				License Number	DCCC.16657		Date of Inspection	03/10/2026		
					Expiration Date	5/31/2029		Time of Inspection	10:30 AM		
Address	82 SCOFIELDTOWN ROAD STAMFORD CT 06903				Telephone	(203) 609-9027		Licensed Capacity	80		
					Hours of Operation	2:30 PM – 5:30 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	5 – 12 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	wles@roscco.org					
Operator	ROSCCO STAMFORD SCHOOL COMM ORGANIZATION INC				Director	WENDY LESPERANCE					
Endorsements	School Age				Name of Inspector	Lori Mangano					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	1	Purpose of Visit	Follow up inspection to March 2, 2026 to inspect playground			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-7a(h)(1-9)]	111- Outdoor space
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The regulation regarding outdoor space was found to be in compliance during this visit.

Statute and/or Regulation and Description:	[19a-79-7a(h)(7)-(A-C)]	112- Outdoor Protected/Fenced
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The regulation regarding outdoor fencing was found to be in compliance during this visit.

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Playground inspection conducted with a staff member outside of program hours.

Were Violations cited during this visit? Y or N? **No** **NOTE:** * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lori Mangano	Eniya Dunmore	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: **lori.mangano@ct.gov** CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>