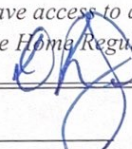


Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dora Ramos Date: 7/27/23 Time: 9:29 AM
Location Address: 59 Somerset Ln Stamford, Ct Telephone #: 203 621 4189
e-mail address: stamfordnovaacademy@gmail.com License #: 56904 Expiration Date: 3/31/25
Capacity: 6+3 # of Children Present: 8 # of Staff Present: 3

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 <u>X</u> 
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Purpose of visit: Body of water (Barrier)

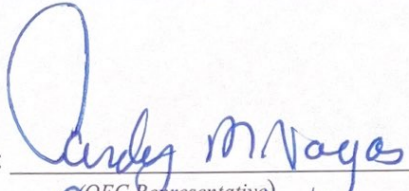
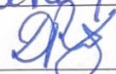
Observations/Corrections needed:

No violations

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: _____

Signature: 
(OEC Representative)
Print Name: Cindy Vargas
Signature: 
(Person in Charge)
Print Name: Dora Ramos