

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Argentina Germania Barbaro Date: 11/15/23 Time: 10:05AM

Location Address: 17 Derwen st, Stamford Ct Telephone #: 347261-7981

e-mail address: Sandrag57@Live.com License #: 56605 Expiration Date: 3/31/27

Capacity: 6+3 # of Children Present: 7 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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></i>
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Purpose of visit: follow up to inspection conducted on 9/20/23 (CAP)

Observations/Corrections needed:

CAP submitted at the time of inspection. All of the items have been completed. (Documents were reviewed)

NO violations have been cited.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Candy M Vargas
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: ASurbano
(Person in Charge)