



**DIVISION OF LICENSING**

**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	LISA RAIMONDI			<b>License Number</b>	DCFH.22598	<b>Date of Inspection</b>	01/04/2024
				<b>Expiration Date</b>	7/31/2026	<b>Time of Inspection</b>	01:59 PM
<b>Address</b>	44 TURNER ROAD STAMFORD CT 06905			<b>Telephone</b>	(203) 329-3464	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY 7:30AM - 5:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	9	<b># Under 18 months present</b>	4			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	CAP follow up			<b>Name of Inspector</b>	Candy Vargas		
<b>Provider's Email</b>	lisaraimondi44@gmail.com			<b>Inspector's Email</b>	candy.vargas@ct.gov		

**CONSENT TO INSPECT:** I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Violations**

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

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<b>Other Findings-In Compliance</b>		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	

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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

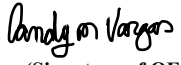

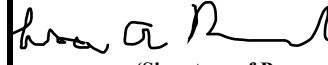
completed CAP was submitted at the time of inspections.

**Comments:**

No violations cited.

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.

**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	Candy Vargas (Printed Name)		LISA RAIMONDI (Printed Name)