



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	DORA RAMOS		<b>License Number</b>	DCFH.56904	<b>Date of Inspection</b>	02/22/2024
			<b>Expiration Date</b>	3/31/2025	<b>Time of Inspection</b>	10:21 AM
<b>Address</b>	59 SOMERSET LN STAMFORD CT 06903-4914		<b>Telephone</b>	(203) 621-4189	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 7:00 AM-6:00PM	<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>	Follow up on inspection conducted on February 21st, 2024 for Capacity and Safe Sleep.			<b>Name of Inspector</b>	Candy Vargas	
<b>Provider's Email</b>	stamfordnovaacademy@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-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	

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

At the time of inspection there were no violations observed. The provider and substitute were observed caring for 9 children, 5 preschoolers and 4 infants.  
Lose sheets have been removed.

**Comments:**

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**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)	 (Printed Name)		DORA RAMOS (Printed Name)