



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ARGENTINA GERMANIA BURBANO			License Number	DCFH.56605	Date of Inspection	10/08/2024
				Expiration Date	3/31/2027	Time of Inspection	09:35 AM
Address	17 DERWEN ST STAMFORD CT 06906-1202			Telephone	(347) 261-7981	Regular Capacity	6
				Days and Hours	MONDAY THROUGH FRIDAY 7:30 AM TO 5:30 PM	School Age Capacity	3
# Children Present	5	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	CAP Follow Up			Name of Inspector	Candy Vargas		
Provider's Email	sandrarg57@Live.com			Inspector's Email	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).

A. Burbano

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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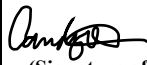
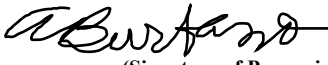
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Both Corrective Action Plans were completed and furnished to the specialist.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Candy Vargas (Printed Name)			ARGENTINA GERMANIA BURBANO (Printed Name)