

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Just A Helping Hand Date: 7/6/23 Time: 12:10
Location Address: 143 Mulberry St. Stamford Telephone #: 203 595-8339
e-mail address: davette.stephens@yahoo.com License #: 80011 Expiration Date: 2/29/24
Capacity: 10 # of Children Present: 8 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up visit for full unannounced visit on 6/29/2023

Observations/Corrections needed:

(NS) 19a-79-10(j) Infants held for bottle feedings (#135)

(NS) 19a-79-10(g)(3) Sleep arrangements (#130)

Operator was in compliance with these regulations at time of visit.

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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: MARITZA MONEG
(Person in Charge)

Print Name: MARITZA MONEG