

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mayorin de La Rosa Date: 7/28/23 Time: 10:53Am

Location Address: 1 Oscar street, Stamford ct 06906 Telephone #: 475-419-4042

e-mail address: Avanza30@hotmail.com License #: 57360 Expiration Date: 8/31/24

Capacity: 6+3 # of Children Present: 9 # of Staff Present: 2

**Consent to Inspect
Family Child Care Home**

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: Mayorin de la Rosa

Purpose of visit: Capacity & unapproved staff

Observations/Corrections needed:

- NO violations -

Discussion: Household members may not provide direct care to children without approval of license from OEC agency. In this case, provider explained household member was simply present and not giving care while approved substitute changed a diaper.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Candy Vargas / Elen Ruiz
Signature: [Signature]
(Person in Charge)
Print Name: Mayorin De la Rosa