

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Just A Helping Hand Date: 9.22.23 Time: 8:14am
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: 10/10 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial inspection to 6/29/23 and 7/6/23 inspections on Safe Sleep #130

Observations/Corrections needed:

#130 crib/bed free from observable hazards- OK at inspection

Discussion

- If toddlers are using cribs then sheets are needed. Staff stated cribs are not currently in use as everyone is over 1 enrolled and cots are used.

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: [Signature]
(OEC Representative)
Print Name: LES MANGANO
Signature: [Signature]
(Person in Charge)
Print Name: MARITZA MONROY