



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MAYORIN DE LA ROSA		License Number	DCFH.57360	Date of Inspection	03/04/2024
			Expiration Date	8/31/2024	Time of Inspection	11:51 AM
Address	1 OSCAR ST STAMFORD CT 06906-2021		Telephone	(347) 259-8220	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 7:30 A.M.-5:30 P.M.	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up on Suspension on 3/1/24		Name of Inspector	Alexandra Rodriguez		
Provider's Email	AVANZA30@HOTMAIL.COM		Inspector's Email	alexandra.rodriguez@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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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	

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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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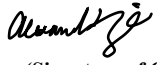
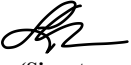

Discussions:

No violations during follow up inspection. Inspectors conducted walk through no children observed.

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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	Lori Mangano (Printed Name)		MAYORIN DE LA ROSA (Printed Name)