



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

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	JUST A HELPING HAND				License Number	DCGH.80011	Date of Inspection	06/03/2024
					Expiration Date	2/29/2028	Time of Inspection	12:28 PM
Address	143 MULBERRY ST STAMFORD CT 06907-1718				Telephone	(203) 595-8339	Total Capacity	12
					Days and Hours	7:15AM-6PM MON-SAT	Under Three Capacity	12
#Children Present	11	# Under 3 Present	11	# Staff Present	4	Summer Care	Open	
Purpose of Inspection	Follow up to 5/28 inspection on safe sleep				Name of Inspector	Lori Mangano		
Program's Email	davette_stephens@yahoo.com				Inspector's Email	lori.mangano@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
---------------------------------------	---------------------------------------

No violations were cited during this inspection

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings – Regulations In Compliance	
Statute and/or Regulation: [19a-79-10(g)(3) and/or 19a-79-7a(g)(1)]	Description: 130-Crib/Bed Free from Observable Hazards
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:



Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

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

DISCUSSIONS/COMMENTS

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)
Lori Mangano (Printed Name)	 (Printed Name)		Maritza monroy (Printed Name)