



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

<b>Program Name</b>	JUST A HELPING HAND				<b>License Number</b>	DCGH.80011	<b>Date of Inspection</b>	07/29/2024
					<b>Expiration Date</b>	2/29/2028	<b>Time of Inspection</b>	11:03 AM
<b>Address</b>	143 MULBERRY ST STAMFORD CT 06907-1718				<b>Telephone</b>	(203) 595-8339	<b>Total Capacity</b>	12
					<b>Days and Hours</b>	7:15AM-6PM MON-FRI	<b>Under Three Capacity</b>	12
<b>#Children Present</b>	9	<b># Under 3 Present</b>	9	<b># Staff Present</b>	3	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Partial inspection to 5-28-24 inspection on safe sleep				<b>Name of Inspector</b>	Lori Mangano		
<b>Program's Email</b>	davette_stephens@yahoo.com				<b>Inspector's Email</b>	lori.mangano@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings – Regulations In Compliance</b>	
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:

<b>Statute and/or Regulation:</b>	<b>Description:</b>



<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>YES/NO:</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Lori Mangano (Printed Name)	 (Printed Name)		Maritza Monroy (Printed Name)