



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MAYORIN DE LA ROSA		License Number	DCFH.57360	Date of Inspection	08/21/2024
			Expiration Date	8/31/2028	Time of Inspection	09:58 AM
Address	1 OSCAR ST STAMFORD CT 06906-2021		Telephone	(475) 419-4042	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 7:30 A.M.-5:30 P.M.	School Age Capacity	3
# Children Present	9	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up on Capacity		Name of Inspector	Candy Vargas		
Provider's Email	AVANZA30@HOTMAIL.COM		Inspector's Email	candy.vargas@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

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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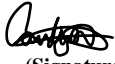
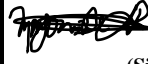
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

No violations cited. Access was granted immediately.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Candy Vargas (Printed Name)			MAYORIN DE LA ROSA (Printed Name)