

FAMILY CHILD CARE HOME – INVESTIGATION

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|---------------------------------|--------------------------------------|----------------------------------|--------------------------|-----------------------------------|----------------------------|------------|
| Provider | MAYORIN DE LA ROSA | | License Number | DCFH.57360 | Date of Inspection | 01/16/2025 |
| | | | Expiration Date | 8/31/2028 | Time of Inspection | 11:32 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 | 5 | # Under 18 months present | 2 | Summer Care | Open | |
| Purpose of Investigation | 2025-18 | | Name of Inspector | Carlos Albizu | | |
| Provider's Email | AVANZA30@HOTMAIL.COM | | Inspector's Email | carlos.albizu@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

SUBSTANTIATED VIOLATIONS OF REGULATIONS

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| VIOLATION | Statute - Regulation [19a-87b-10(b)(2)] | Description: 054-Child Health Record |
| Failed to maintain current child health record(s) when 1 one enrolled have expired child health records. | | |
| VIOLATION | Statute - Regulation [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)] | Description: 055-Immunizations |
| Failed to maintain current immunization record(s) for 3 children enrolled have missing flu vaccines. | | |
| VIOLATION | Statute - Regulation [19a-87b-10(e)] | Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings |
| Failed to hold infants for bottle feedings when a child (9 months) was observed holding a bottle during feeding. | | |
| VIOLATION | Statute - Regulation | Description: |
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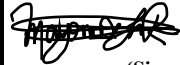
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| VIOLATION | Statute - Regulation | Description: |
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| VIOLATION | Statute - Regulation | Description: |
| NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS | | |
| STATUS: Not Substantiated | Statute - Regulation [19a-87b-10(a)] | Description: 004-Capacity |
| There is insufficient evidence to support that the Provider is not in compliance with the licensed capacity. | | |
| STATUS: Not Substantiated | Statute - Regulation 19a-87b-5(j) | Description: 011-Notification of Change |
| There is insufficient evidence to support that the Provider is not in compliance notifying the Office of change of address. | | |
| STATUS: Not Substantiated | Statute - Regulation [19a-87b-7(a)] | Description: 017-Medical Statement |
| There is insufficient evidence to support that the Provider is not in compliance with the medical statement(s). | | |

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| STATUS: Not Substantiated | Statute - Regulation [19a-87b-8a] | Description: 021-Background Check |
| There is insufficient evidence to support that the provider is not in compliance with ensuring that household members have a comprehensive background check(s) have been conducted. | | |
| STATUS: | Statute - Regulation | Description: |
| STATUS: | Statute - Regulation | Description: |
| STATUS: | Statute - Regulation | Description: |
| STATUS: | Statute - Regulation | Description: |
| YES/NO: Yes | WERE VIOLATIONS CITED DURING THIS VISIT? | |

DISCUSSIONS/COMMENTS

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only regulations marked as pending, substantiated or non-substantiated were monitored or discussed.*

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|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: 01/30/2025 |  (Signature of Person in Charge) |
| Carlos Albizu (Printed Name) | Candy Vargas (Printed Name) | | MAYORIN DE LA ROSA (Printed Name) |