

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luisa J. Nolasco Date: 12/31/23 Time: 12:59 PM

Location Address: 12 Oakleaf Dr., Waterbury CT Telephone #: 203 565 5011

e-mail address: luisajnolasco@gmail.com License #: 56146 Expiration Date: 6/30/24

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature: <u>[Signature]</u> *
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Purpose of visit: Safe Sleep

Observations/Corrections needed:

#73

(NS)

19a-87b-10(F)(3)(i)

Observed infant of 8 months laying in crib. Did not observe any pillows, blankets or plush items.

#72

19a-87b-10(F)(1)

(NS)

Observed infant of 8 months laying in crib with a snug fitting mattress and tightly fitted sheet.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
(Person in Charge)