☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Felicia Mauricio Date: 9/12/23 Time: 1:42 pm

Location Address: 45 Jodie Cir Wtby Telephone #: 2035273747

e-mail address: feliciamartinez0906@gmail.com License #: 54611 Expiration Date: 1/31/26

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect Family Child Care Home	*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*** Felicia Mauricio

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87-b6

#73) Observed two cribs with snug fitting crib sheets.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: Alexandra Rodriguez
(OEC Representative)
Print Name: Alexandra Rodriguez

Signature: Felicia Mauricio
(Person in Charge)
Print Name: Felicia Mauricio