

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Luisca Nolasco Date: 9/10/23 Time: 2:10 pm  
Location Address: 12 Oakleaf Dr. Wtlg 06708 Telephone #: 203 565 5011  
e-mail address: luisajnolasco@gmail.com License #: 56146 Expiration Date: 6/30/24  
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

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

Purpose of visit: Safe Sleep

Observations/Corrections needed:

Observed no violations at time of inspection.

Provider in compliance with Safe Sleep Requirements.

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)