

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: Yamel Noboa Date: 11/8/23 Time: 12⁴⁶ PM

Location Address: 19 Sheldon St. Wtlg CT 06705 Telephone #: 2095191211

e-mail address: yamelnoboa608@hotmail.com License #: 56902 Expiration Date: 3/31/25

Capacity: 6+3 # of Children Present: 4 # 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 ★ Yamel Noboa

Purpose of visit: Safe Sleep

Observations/Corrections needed:

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

#74) Observed infant under 12 months of age laying in
crib with a thick blanket.

Discussed with provider importance of safe sleep
and reviewed regulations regarding 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: Alexandra Ryz

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 11/22/23

Signature: Yamel Noboa

(Person in Charge)