

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: Elba Ramirez de Castillo Date: 11/6/23 Time: 12<sup>20</sup> PM

Location Address: 8 Hopkins St, Wtbay CT 06701 Telephone #: 475 313 4479

e-mail address: elbarr088@hotmail.com License #: 57501 Expiration Date: 5/31/25

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

<b>Consent to Inspect Family Child Care Home</b>	<i>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></i>
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Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

# 73) Observed brand new pack n-play and brand new mattress where 2 year old sleeps.

# 77) Safe Sleep Requirements posted.

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: N/A

Signature: [Signature]  
(Person in Charge)