

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: Felicia Mauricio Date: 11/16/23 Time: 11:33 am

Location Address: 45 Jodie Cir, Wtb, CT 06705 Telephone #: 2035273747

e-mail address: Feliciamartinez0906@gmail.com License #: 54611 Expiration Date: 1/31/24

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 Norma R Balleuilla

Purpose of visit: Safe Sleep

Observations/Corrections needed:

No violations found at time of inspection.

Approved substitute present at time of inspection,
provider at appointment.

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: Alexander J
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: N/A

Signature: Norma R Balleuilla
(Person in Charge)