

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: Erick Meregildo Feliz SE Date: 11/16/23 Time: 8:22 AM
Location Address: 615 Central Avenue, Bridgeport, Ct 06607 Telephone #: 917-783-5913
e-mail address: FranciscomeregildoFeliz@gmail.com License #: 57775 Expiration Date: 1/31/27
Capacity: 6+3 # of Children Present: 1 # 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 X Corich

Purpose of visit: Follow up on Safe sleep and CAP for inspection conducted on 10/17/23

Observations/Corrections needed:

- Upon arrival the provider, wife, and his 4 year old daughter were observed in the program. The provider informed the specialist that there are only two children enrolled in the program. This morning both of the children enrolled in the program are being cared for in his wife's program downstairs. The provider has a follow up with his primary care physician, and will return to the program after he is seen.
- The Provider is able to discuss the requirements for safe sleep, and provided written statement.
 - CAP is incorrect as the doorbell is not working.

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: Candy M. Vayas
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Erick
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Erick Merajildo Feliz License # 57775 Date: 11/16/23

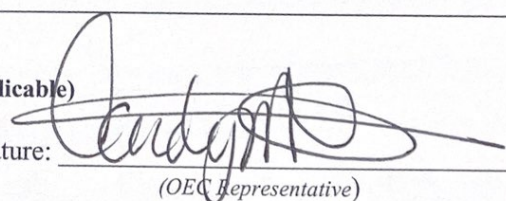
Observations/Corrections needed:

The Provider informed the specialist that he feels more comfortable with a substitute in his program helping him because he needs help with diaper changing (females.)

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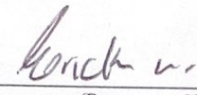
Signature: _____



(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: _____



(Person in Charge)

OEC BY: _____