

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: 11/21/23 Time: 11⁰⁸am

Location Address: 19 Sheldon St, Wtlg 06705 Telephone #: 2035191211

e-mail address: yamelnoboa0608@hotmail.com License #: 56902 Expiration Date: 3/31/25

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 ★ Yamel Noboa

Purpose of visit: Safe Sleep

Observations/Corrections needed:

No violations at time of inspection.
Prnder in compliance with all 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: Alexander K
(OEC Representative)

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

Signature: Yamel Noboa
(Person in Charge)