

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: Claribel Rivera Davila Date: 7/10/24 Time: 857

Location Address: 908 Hartford Twp. Waterford CT 06385 Telephone #: 930 835 1700

e-mail address: claribelrd31@gmail.com License #: 57942 Expiration Date: 11-20-24

Capacity: - # of Children Present: - # of Staff Present: -

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: [Signature]

Purpose of visit: Follow up - Outdoor space - Capacity

Observations/Corrections needed:

#39 The provider and Licensing Specialist visited the alternative outdoor space - Bates Woods Park 80 Chester St. New London Ct. Pictures attached.

Due a transportation of the provider, the capacity will be 2 children.

The provider will work in the plan for outdoor activities.

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: _____

Signature: [Signature]
(Person in Charge)