



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	MARY IMMACULATE DAY CARE CENTER				License Number	DCCC.13021		Date of Inspection	01/28/2026		
					Expiration Date	10/31/2029		Time of Inspection	09:39 AM		
Address	1111 WORDIN AVE BRIDGEPORT CT 06605-2431				Telephone	(203) 334-5681		Licensed Capacity	64		
					Hours of Operation	7:00 AM – 5:00 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 5 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	Maryimmaculatedcc1111@gmail.com					
Operator	THE MISSIONARY SISTERS OF BLESSED SACRAMENT				Director	CLAUDIA OROZCO					
Endorsements	Pre-School				Name of Inspector	Fil Montanye					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	43	# of Staff Present	6	Purpose of Visit	Follow up to 1/6/26 inspection for ratios			

**REGULATIONS NOT IN COMPLIANCE**



Statute and/or Regulation and Description:	[19a-79-3a(d)(1)]	012-Daily Attendance Records: Children/Staff
<p>Program not in compliance with maintaining attendance records for staff when 2 out of 6 staff observed in classrooms not signed in for the day.</p>		
Statute and/or Regulation and Description:		
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<b>REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(b)]                      021- Comprehensive background checks
Program in compliance at this visit. Staff and volunteers working in classrooms are current in BCIS	
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(d)(4)(A-B) and (d)(6)]                      027- Ratios
Program in compliance with ratios at this visit	

<b>Statute and/or Regulation and Description:</b>	
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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Fil Montanye</b>	<b>Patricia Garcia</b>	Printed Name
2 <sup>nd</sup> OEC Representative	<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>		

	Written Corrective Action Plan due by:  <b>02/11/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>filomena.montanye@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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