

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luisa Barrionuevo Date: 8/24/21 Time: 1:00pm

Location Address: 159 Rossette Street New Haven Telephone #: 203-571-7645

e-mail address: ltbc199619@gmail.com License #: 57316 Expiration Date: 2/29/24

Capacity: 63 # of Children Present: 5 # of Staff Present: 2

**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: Luisa Barrionuevo

Purpose of visit: Follow up investigation 2021-475

Observations/Corrections needed:

NS 19a-87b-9(a) - Did not observed any dog feces around the outside of the home. Observed home to be cleaned and in good sanitary condition

NS 19a-87b-9(c) - Protection from Pets - Provider had pets vaccinated and obtained license for them

NS 19a-87b-10(b)(8) - observed medical records for children enrolled in children's file.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]

Print Name: Carlos Albizu
(OEC Representative)

Signature: Luisa Barrionuevo

Print Name: Luisa Barrionuevo Santi
(Person in Charge)