

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rafaela Gomez Date: 9/8/21 Time: 1:36pm

Location Address: 44 Berkeley Ave. Apt 1 New London Telephone #: 860 447 8548

e-mail address: amaliafibmeno123@gmail.com License #: 54127 Expiration Date: 7/31/2022

Capacity: 6+3 # of Children Present: 7 # 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 Rafaela Gomez

Purpose of visit: Follow Up to visit on 8/11/2021

Observations/Corrections needed:

④ #22 In compliance.
Provider states she implemented a treatment plan for pests.

④ #90 Observed lock locked on pool entrance.

④ #71 Observed provider feeding a child under 12 months with a bottle, when child was on baby rocker, not on her arms. Corrected during visit.

④ #74 Observed a child sleeping in a crib with a pillow on the crib. Corrected during visit. Child was ^{new} 11 months under 12 months of age.

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: Carman Elva Delacruz
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Sept 22/2021

Signature: Rafaela Gomez
(Person in Charge)