

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rafaela Gomez Date: 9/22/2021 Time: 8:54am

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

e-mail address: amaliafilomeno123@gmail.com License #: 54127 Expiration Date: 7/13/22

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

Purpose of visit: Follow-up to visit on 9/18/2021

Observations/Corrections needed:

- (P) # 71 Observed provider holding a baby on her arms while feeding him with the bottle.
In compliance with regulation.
- (P) # 22 Proof of treatment completed on 9/11/21 available today.
- (P) # 74 Observed cribs with no pillows or toys, just the fitted sheet. No children sleeping during time of visit.
- (P) # 40 Observed lock taken at pool entrance.
No additional violations observed during this visit

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: Carren Elena Sabzuda
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: PIA

Signature: Rafaela Gomez
(Person in Charge)