

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


SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raffela Tufano Date: 11/16/2021 Time: 2:15

Location Address: 32 Sanford Street, East Haven Telephone #: 203-469-7381

e-mail address: _____ License #: 20586 Expiration Date: Aug 30 2023

Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature: 
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Purpose of visit: Follow-up - pool

Observations/Corrections needed:

Follow-up to inspect pool. Gate locked -
in compliance

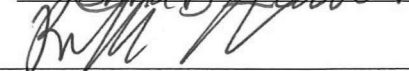
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: 
(OEC Representative)

Print Name: Jennifer B. Gawertors

Signature: 
(Person in Charge)

Print Name: Raffela Tufano