

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Katherine Lantigua Date: 12/2/21 Time: 12:00

Location Address: 408 Barnum Ave. # A Bridgeport Telephone #: 347 257-2417

e-mail address: Kcolorfuldaycare@gmail.com License #: 57117 Expiration Date: 11/30/22

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

**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 Katherine Lantigua

Purpose of visit: Investigation 2021-850 self-report

Observations/Corrections needed:

(NS) 19a-87b-10(i) Responsibilities of provider, supervision -
unable to substantiate that child was not properly
supervised at time of ^{alleged} ~~act~~ injury.

(S) 19a-87b-10(c)(5)(A) Meeting children's needs, crib safety -
Operator failed to provide a safe place for rest when
the pack n' play used for napping was observed to
have torn sides and an additional mattress was
placed on top of firm mattress that comes with
pack n' play.

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: 12/16/2021

Signature: Karen Sticks
(OEC Representative)

Print Name: Karen Sticks

Signature: Katherine Lantigua
(Person in Charge)

Print Name: Katherine Lantigua