

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raffela Tufano Date: 12/09/22 Time: 9:05 am

Location Address: 32 Sanford Street Telephone #: 203 859 5221
East Haven, CT, 06512

e-mail address: _____ License #: 20586 Expiration Date: 8/31/26

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

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 <u>[Signature]</u>
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Purpose of visit: Follow up from D2 full inspection on 10/04/22

Observations/Corrections needed:

23. The tall shelf in playroom was secured.

24. A lock was observed on cabinet under Bathroom sink barring access to poisons/chemicals

36. The fire extinguisher in kitchen closet was not charged/pnd mounted

51. The Dogs current rabies certificate was not on site per provider appt is sat 12/17/22

53. Enrollment forms were available + updated for all children

54. Current medical/health forms on site for 2 children that were not current

55. Current Immunizations were on site for 2 children that were not current

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: 12/18/22

Signature: [Signature]
(OEC Representative)
Print Name: Steph A. Russo

Signature: [Signature]
(Person in Charge)
Print Name: Raffela Tufano