

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rafaela Gomez Date: 2/19/23 Time: _____

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

e-mail address: amaliafilomeno123@gmail.com License #: 54127 Expiration Date: 7/31/26

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

Purpose of visit: Investigation 2023-99

Observations/Corrections needed:

(S) 19a-87b-10(b)(2) General Health Records - Provider failed to maintain One child health records.

(S) 19a-87-10(b)(2)(v) Immunizations - Provider failed to maintain two children enrolled flu shots.

(S) 19a-87b-9(e)(7) - Carbon Monoxide - Detectors in the first floor and basement were not operating

(NS) 19a-87b-(4) incident Log - Insufficient evidence to support the alleged incident was not reported to mother.

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: 2/23/23

Signature: [Signature]
(OEC Representative)
Print Name: Carlos Alberto Echeburiz
Signature: Rafaela Gomez
(Person in Charge)
Print Name: Rafaela Gomez