

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dominga Gomez Date: 10/17/23 Time: 9:52 AM
Location Address: 22 Berkeley Avenue New London, CT Telephone #: 860 818 3542
e-mail address: ttisgomez@gmail.com License #: 55050 Expiration Date: 2/28/2025
Capacity: 123 # of Children Present: 3 # 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 [Signature]

Purpose of visit: Follow-up visit to 9/18/23 visit

Observations/Corrections needed:

- ⑤ #19 Did not observe provider using any unapproved staff during today's follow-up. At the time of follow-up, the provider was alone with 3 children of which 1 is under 18 months. - in compliance
- ⑤ #109 observed incomplete care plan - not in compliance
- ⑤ #100 observed med authorization form not signed by parent nor provider. Boxes where parents give their authorization were also not checked.

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: 10/31/23

Signature: [Signature]
(OEC Representative)
Print Name: Melina Perez
Signature: [Signature]
(Person in Charge)
Print Name: Dominga Gomez