

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Katherine Lantigua Date: 10/21/24 Time: 12 pm

Location Address: 408 Burrum Ave #A Bpt, CT Telephone #: 347-257-2417

e-mail address: KColorfulDaycare@gmail.com License #: 57117 Expiration Date: 11/30/26

Capacity: 63 # of Children Present: 7 # of Staff Present: 2

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: Follow-up for case 2024-1040

Observations/Corrections needed:

Pic - Katherine Lantigua - Director
- Previous substantiations still apply after review of picture

(S) 19a-87b-5(d)(1)(A) - Terms of the license - Regular license capacity

(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: 10/21/24

Signature: Valecia Williams
(OEC Representative)
Print Name: Valecia Williams
Signature: Katherine Lantigua
(Person in Charge)
Print Name: Katherine Lantigua