

2024-1040

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Katherine Lantigua Date: 11/7/24 Time: 1pm

Location Address: 408 Bannan Ave #A Bpe. CT Telephone #: 347-257-2417

e-mail address: K.ColorfulDaycare@gmail.com License #: 57117 Expiration Date: 11/30/24

Capacity: 60 # of Children Present: 8 # 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: follow-up case 2024-1040

Observations/Corrections needed:

PIC - Katherine Lantigua - Provider

(NS) 19a-87b-5(d)(1)(A) - Terms of the license - Regular license capacity
Provider was in appropriate licensure capacity during visit

(NS) 19a-87b-5(g) Terms of the license - Parental access to the Office.
Per the Provider, Parents are not denied access to the providers programs

(NS) 19a-87b-5(c)(2) Terms of the license - Nontransferability of the license - Per provider, she is only operating free program on lower level of ^{the} home.
Her space has a separate program (license) on first floor.

S = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valeen Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: DIA

Signature: Katherine Lantigua
(Person in Charge)

Katherine Lantigua