

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonidas Padilla Date: 3/21/22 Time: 10:30A

Location Address: 51 Lexington Ave FL1 Telephone #: 203-560-5258

e-mail address: Germania1421@gmail.com License #: 57105 Expiration Date: 10-31-22

Capacity: 6+3 # of Children Present: 23 # 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: [Signature]

Purpose of visit: Follow up full inspection

Observations/Corrections needed:

- Discussion: over areas suitable for children and making them safe for them.

35. ~~34~~. Didn't observe a carbon monoxide detector.

53. Didn't observe Enrollment forms for 2 of 3 kids

54. Did not observe child Health Record for 2 of 3 kids.

55. Didn't observe Immunizations for 2 of 3 kids.

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: 4.4.22

Signature: [Signature]

Print Name: Germania Lopez
(OEC Representative)

Signature: [Signature]

Print Name: Leonidas Padilla
(Person in Charge)