

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonardina Queredo Garcia Date: 7/13/2023 Time: 12:34 pm
Location Address: 27 Spring Street New London Telephone #: 860-857-0362
e-mail address: morelgregorio@live.com License #: 57127 Expiration Date: 12/31/16
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 2

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 X Leonardina Queredo

Purpose of visit: Supervision Follow up

Observations/Corrections needed:

- (NS) #16 in compliance at time of today's visit
- (S) #21 background check has not been submitted
- (NS) #23 observed hazards removed from area - in compliance
- (NS) #31 observed gate at stairs
- (NS) #35 observed carbon monoxide detector installed and operating
- (S) #50 observed incomplete first aid kit - missing CPR mouth barrier
- (NS) #53, #56, #57 and #58 documentation ^{completed &} on file - in compliance
- (NS) #63 observed indoor equipment that is sufficient and a variety to meet children needs.
- (S) #69 observed missing care plan for child enrolled / present.
- (NS) #77 observed sleep arrangements posted
- (NS) #81 observed supervision in compliance at time of visit

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: 7/27/2023

Signature: Evelyn Vicente Quinones
(OEC Representative)
Print Name: Evelyn Vicente Quinones
Signature: X Leonardina Queredo
(Person in Charge)
Print Name: X Leonardina Queredo