

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonidas Padilla Date: 8/10/23 Time: _____

Location Address: 51 Lexington Ave Flr 1, Wtbury Telephone #: 203 560 5258

e-mail address: germany1421@gmail.com License #: 57105 Expiration Date: 10/31/26

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i>
Provider/Applicant/Substitute's Signature	<u>[Signature]</u> *

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

#73) Provider has replaced^{ripped} pack-n-plays with brand new, well constructed pack-n-plays.

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: Alexander [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)