

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leora Blair Date: 9/15/23 Time: 8:10 am  
Location Address: 22 Addison St, Hartford CT 06120 Telephone #: 860-816-8595  
e-mail address: blairleora@gmail.com License #: 50527 Expiration Date: 3/31/26  
Capacity: 6+3 # of Children Present: 0 # 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 to inspection dated 3/20/23

Observations/Corrections needed:

19a-87b-8(a) Background Check - Still needs to get background check done + BCIS Access to create a roster. OEC Flyer for assistance with background checks provided.

19a-87b-10(b)(2) - ① child does not have a current health record on file from 3/20/23 inspection.

Provider must cease operations until background check is submitted and achieves current or work supervised status; Correction due immediately.

Discussed unable to contact via email, text, phone - Must

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: 9/29/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Rebecca Cruelles  
Signature: [Signature]  
(Person in Charge)  
Print Name: Leora Blair

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leora Blair License # 50527 Date: 9/15/23

Observations/Corrections needed:

Respond to all agency communications.

Provider reports knee issues that prevents her from doing stairs. She is still working with occupational therapy. Discussed notify Agency of anything that alters or effectives the daycare services.

Watches only school age children for about 1 hour 4pm - 5pm. Get off the bus at providers home. Parent needs care due to connection issues between school letting out and parent getting off work in Springfield, MA.

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Signature: Rebecca Cavell  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Leora Blair  
(Person in Charge)

OEC BY: 9/29/23