

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonardina Quevedo Garcia Date: 9/20/23 Time: 10:00am

Location Address: 27 Spring Street New London Telephone #: 860-857-0362

e-mail address: morelgregoria@live.com License #: 57127 Expiration Date: 12/31/24

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<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. Provider/Applicant/Substitute's Signature</i> <u>X Leonardina Quevedo</u>
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Purpose of visit: Partial visit - Supervision

Observations/Corrections needed:

#16 Judgement - observed good judgement in regards to supervision at time of visit - in compliance

#81 Supervision - observed supervision in compliance at time of visit

Discussions:

- Provided link to OEC Tutorial Video - Maintaining Compliance and link to Maintaining compliance checklist

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: ma

Signature: Eclyp Vicente Quinones  
(OEC Representative)  
Print Name: Eclyp Vicente - Quinones  
Signature: X Leonardina Quevedo  
(Person in Charge)  
Print Name: X Leonardina Quevedo