

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonidas Padilla Date: 10/23/23 Time: 11:06 am

Location Address: 31 Lexington Ave Flr 1, Wtlg 06710 Telephone #: 203 560 5258

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

Capacity: 6+3 # of Children Present: 1 # 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 [Signature]

Purpose of visit: Capacity + Safe Sleep

Observations/Corrections needed:

NO violations regarding capacity or ^(R)safe sleep. safe sleep.
Provider in compliance with capacity and safe sleep regulations.

19a-87b-10

78) Observed soiled diaper in pack-n-play. Provider
removed diaper during inspection.

Discussed with provider alternative areas to change diapers
for sanitary purposes.

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: [Signature]

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 11/6/23

Signature: [Signature]

(Person in Charge)