

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Flor Coronado Date: 3/21/24 Time: 2:31pm

Location Address: 73 Cedar Grove Avenue New Lndm Telephone #: 860-857-3959 (c)

e-mail address: flormary6910@gmail.com License #: 54742 Expiration Date: 3/31/26

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

**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 X Flor Coronado

Purpose of visit: Partial to overcapacity and unapproved staff

Observations/Corrections needed:

19a-87b-5

NS #4 capacity - Provider in compliance 2 children present

19a-87b-6

NS #16 good judgement - Provider used good judgement by not being overcapacity at today's visit and only approved staff presents.

19a-87b-8

NS #19 observed only approved oec staff present (husband-substitute)

19a-87b-9

NS #85 observed only approved oec staff present caring for children provider present at time of today's oec visit.

Provided 2 sleep sacks - 1 medium 1 small at today's 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: MP

Signature: Evelyn Vicente
(OEC Representative)

Print Name: Evelyn Vicente - Quinones

Signature: X Flor Coronado
(Person in Charge)

Print Name: X Flor Coronado