

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Florangel Germoso Date: 9/5/24 Time: 11:20 AM

Location Address: 168 Laurel Drive New London Telephone #: 860-439-1428

e-mail address: floranglgermoso@att.net License #: 57048 Expiration Date: 5/31/2026

Capacity: 6+3 # of Children Present: 5 # 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 [Signature]

Purpose of visit: Partial visit - Safe Sleep - Infants

Observations/Corrections needed:

DCFS 95328 present / Sustituta presente

#68 observed infant napping in pack-replay did not observe ^{en} infants napping in unapproved napping provision.
se observo infante durmiendo en su cuna no se observo infante durmiendo en otra provision que no sea aprobada.

#72 observed infant placed to nap in supine position
se observo infante poner a dormir boca arriba.

Discussion - reviewed all children's files, in compliance at this time no children with medications required present/enrolled. Se reviso los records de los niños todo esta al día no hay niños necesitando medicamentos. Flu vaccines for ages 6 months - 59 months administered and documentation on file ^{during 8/1/24 - 12/31/24} vacuna del flu para niños de 6 meses - 59 meses administrada y documentada en los records de los niños durante 8/1/24 - 12/31/24

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: n/a

Signature: [Signature]
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: [Signature]
(Person in Charge)
Print Name: Florangel Germoso