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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonardina Quevedo Garcia Date: 1/14/25 Time: 940 am

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

e-mail address: morelgregorio@live.com License #: 57127 Expiration Date: 12/31/26

Capacity: 6+3 # of Children Present: 1 # 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*** X

Purpose of visit: 4th Follow up visit

Observations/Corrections needed:

(5)# 19a-87b-5
11 Notification of change

Provider failed to notify OEC of new household member that according to provider's son, who is present at time of visit, stated household member has been staying here couple weeks. This household member is the same person who OEC representative observed at licensed home on 4/11/24 and 4/17/24 visits.

(5)# 19a-87b-6
12 Awareness of Understanding of Regulations

Provider failed to have an understanding of regulations when having a new household member and did not notify agency

(3)#16 19a-87b-6 Judgement

Provider failed to use good judgement when she and her son gave conflicting stories of new household member at today's visit with OEC representative. Provider stated new household member who is providers sister has a room up the street; son stated provider's sister, his aunt

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: 1/28/25

Signature: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente - Quiñones

Signature: X Leonardina Quevedo
(Person in Charge)
Print Name: X Leonardina Quevedo

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonardina Quevedo Garcia License # 57127 Date: 1/14/25

Observations/Corrections needed:

Stated she has been staying here for a couple of weeks and will be staying ~~until~~ EVQ indefinitely.

19a-87b-7

(S) #17 Provider failed to have a medical statement for new household member on file

19a-87b-8

(NS) #21 Background check for new household member current and expired 11/28/24.

Discussions:

- Provider's son present, who is fluent in English and Spanish to reiterate and translate to provider.

Provider's husband OEC DCFS has expired and stated he has submitted his new application. OEC representative clearly informed he cannot provide child care until his application has been processed and approved.

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additional violation

#33 19a-87b-9

(S) Provider failed to conduct at least 4 emergency drills within the past year; documentation has only 3 drills practiced within the last year

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Signature: Evelyn Vicente Jiménez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/28/25

Signature: X Leonardina Quevedo
(Person in Charge)