

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leshonda Lee Date: 4/14/22 Time: 9:17am

Location Address: 127 Englewood Ave Bridgeport Telephone #: 203-916-3608

e-mail address: leshonda.lee@yahoo.com License #: 51223 Expiration Date: 7/31/2023

Capacity: 6+3 # of Children Present: 6/2018^{mo.} # 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 <u>Leshonda Lee</u>
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Purpose of visit: Follow up to inspection dated 4/6/22 - Infant/Toddler restriction and safe sleep

Observations/Corrections needed:

Infant/Toddler Restriction - 2 children underneath 18 mos. present ✓ compliant

Safe Sleep - child in question at last inspection has since disenrolled. Provider + approved substitute are clear + understand that infants must be put to sleep on their backs in a well constructed crib, ^{with} snug mattress and fitted sheet. Placement is on their backs. Pediatrician would need to approve in writing an alternate sleep position. ✓ compliant

No violations observed.

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: Rubella Cuellar
(OEC Representative)

Print Name: Rubella Cuellar

Signature: Leshonda Lee
(Person in Charge)

Print Name: Leshonda Lee