

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nakisha Padilla Date: 5/12/22 Time: 11:00 AM

Location Address: 40 Hunting St. Bridgeport Telephone #: 203 545 6369

e-mail address: royalonesfamilydaycare@gmail.com License #: 57454 Expiration Date: 12/31/24

Capacity: 6/3 # of Children Present: 8 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	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>[Signature]</u>
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Purpose of visit: Complaint Investigation Case 2022-291

Observations/Corrections needed:

⑤ 19a-87b-10(a) - Responsibility of the provider + substitute - License capacity - Provider failed to maintain licence capacity when there were 8 children present at the time of inspection.

⑤ 19a-87b-6(e) - Qualifications of the Provider - judgement - provider failed to use good judgement about safety and supervision of children when she knowingly was over the license capacity.

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: 5/26/22

Signature: [Signature] <sup>LA</sup> Lauren Hull  
(OEC Representative)

Print Name: \_\_\_\_\_

Signature: Nakisha Padilla  
(Person in Charge)

Print Name: Nakisha Padilla