

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nakisha Padilla Date: 5/26/22 Time: 9:30

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

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

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

<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>Nakisha Padilla</u>
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Purpose of visit: Follow-up case 2022-291

Observations/Corrections needed:

NS 19a-99b-10(a) - Responsibility of the Provider - License Capacity -  
In compliance at 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.

Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Nakisha Padilla  
(Person in Charge)  
Print Name: Nakisha Padilla