

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leshonda Lee Date: 7/14/22 Time: 11:51am

Location Address: 127 Englewood Ave Bridgeport Telephone #: 203-916-3008

e-mail address: LeshondaLee@yahoo.com License #: 57223 Expiration Date: 7/31/23

Capacity: 6+3 # of Children Present: 6(1018 mos.) # 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: Leshonda Lee

Purpose of visit: 3 month Partial Infant/Toddler Restriction + Safe Sleep

Observations/Corrections needed:

Infant/Toddler Restriction - 1 child under 18 mos. present ✓ compliant.

Safe Sleep - Observed cribs to be well constructed, snug mattress/tight sheet, free from observable hazards. Discussed Safe Sleep practices, observed child placed on their back in crib but rolled to comfortable position on their own. ✓ compliant

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: Rebecca Cruellas

Print Name: Rebecca Cruellas
(OEC Representative)

Signature: Leshonda Lee

Print Name: Leshonda Lee
(Person in Charge)