

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nakisha Padilla Date: 8/31/22 Time: 9:20 AM

Location Address: 40 Hunting St. Bridgeport Telephone #: 475²⁰³ 545 6369

e-mail address: _____ License #: 57454 Expiration Date: 12/31/24

Capacity: 12/3 # of Children Present: 2 # 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: <u><i>Nakisha Padilla</i></u>
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Purpose of visit: Partial Inspection Case 2022-291

Observations/Corrections needed:
NS 19a-87b-10(a) - License Capacity - Walk through - no violations at this 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.

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

Signature: *Lauren Hill*
(OEC Representative)
Print Name: Lauren Hill

Signature: *Alesha Randolph*
(Person in Charge)
Print Name: Alesha Randolph