

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Iesha Smith Date: 9/06/22 Time: 9:40 am  
Location Address: 855 Norman St. Apt 22 Telephone #: 475-323-3385  
e-mail address: Bridgeport, Ct. 06605 License #: 57456 Expiration Date: 12/31/24  
~~iesha.smith4@gmail.com~~ ieshasmith4@gmail.com  
Capacity: 6+3 # of Children Present: 2 # 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: Iesha Smith

Purpose of visit: Follow-up to observe proper rest equipment for infants

Observations/Corrections needed:

- 68. A pack + play with a tight fitted mattress and tight fitted sheet was observed on site for proper rest for infant children
- 73. A pack + play was observed on site with a snug mattress and tight fitted sheet
- 46. The water temp was 110° during follow-up
- 53 enrollment forms were on site for all 5 children
- 54. 2/4 children have current medicals & Immuniz on site  
3/4 children have current Immuniz records on site  
The 2 children that do not have current med/Immuniz are no longer in attendance until records up to date per provider
- 56. Emergency permission was on site for the 5 children
- 57. Emergency release was on site for the 5 children

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: Steph A. Russo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No cap required

Signature: Iesha Smith  
(Person in Charge)  
Iesha Smith