

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nakisha Padilla Date: 6/6/23 Time: 12:27pm  
Location Address: 40 Hurting St, Bridgeport, CT 06606 Telephone #: 203-254-6369  
e-mail address: nakisha.padilla.30@gmail.com License #: 57454 Expiration Date: 12/31/24  
Capacity: 6x3 # of Children Present: 5 (2018 mos.) # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature: <u>Makisha Padilla</u>
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Purpose of visit: Infant Safe Sleep - Follow up to Inspection dated 6/1/23

Observations/Corrections needed:

Follow up for Safe Sleep; Provider working alone today with 5 children in care / 2 U 18 mos.

Naptime; Observed no hazards in the cribs, No infants sleeping at this time.

Discussed Safe Sleep.

No violations at today's follow-up 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: Rebecca Cruelles  
(OEC Representative)  
Print Name: Rebecca Cruelles  
Signature: Makisha Padilla  
(Person in Charge)  
Print Name: Nakisha Padilla