

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nakisha Padilla Date: 9/5/23 Time: 9:02am  
Location Address: 40 Hunting St. Bridgeport CT 06606 Telephone #: 203-545-6369  
e-mail address: nakishapadilla30@gmail.com License #: 51454 Expiration Date: 12/31/24  
Capacity: 6+3 # of Children Present: 6 (w/18 mos) # of Staff Present: 1 (+1 staff @ 9:15am)

**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: Nakisha Padilla

Purpose of visit: 3 month Follow up for Safe Sleep from follow up inspection dated 6/6/23.

Observations/Corrections needed:

Notification of Change received today for change of hours; M-F 6<sup>00</sup>am-5pm.

Walk thru conducted.

Observed no hazards; No children sleeping at this time; Only 1 child under 18 mos. present. Observed child in the crib without any hazards.

No violations at today's 3 month follow up visit for Safe Sleep.

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: Rebecca Cruelles  
Rebecca Cruelles  
(OEC Representative)

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

Signature: Nakisha Padilla  
Nakisha Padilla  
(Person in Charge)