

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sherifah Smith Date: 10/29/24 Time: 11A  
Location Address: 29 Summer St. Apt 1 New London Telephone #: 347 258 8136  
e-mail address: SherifahSmith3@gmail License #: 57840 Expiration Date: 5/31/27  
Capacity: 6+3 # of Children Present: 4 # 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

Purpose of visit: partial to late 2024-724

Observations/Corrections needed:

(NS) 19a-87b-5(c) infant to toddler restriction  
Four children present with one under 18 months.

(NS) 19a-87b-10(c)(4) proper rest / crib safety  
Two pack and plays used for children under two are in compliance.  
No children under 12 months enrolled.

discussed substitute licensing.

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: Carolynne Delweto  
(OEC Representative)  
Print Name: Carolynne Delweto  
Signature: S Smith  
(Person in Charge)  
Print Name: SHERIFAH SMITH