



**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	LESHONDA C LEE				<b>License Number</b>	DCFH.57223	<b>Date of Inspection</b>	03/07/2025
					<b>Expiration Date</b>	7/31/2027	<b>Time of Inspection</b>	09:47 AM
<b>Address</b>	127 ENGLEWOOD AVE BRIDGEPORT CT 06606-2866				<b>Telephone</b>	(475) 369-4339	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	24 HOURS 24 HOURS	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	6	<b>Night Hours</b>	Yes
<b>Type of Inspection</b>	Follow Up on Corrective Action Plan from last inspection dated 11/25/24				<b>Inspector's Name</b>	Rebecca LaRosa		
<b>Provider's Email</b>	leshondalee@yahoo.com				<b>Inspector's Email</b>	rebecca.larosa@ct.gov		

*CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

*eshonda Lee*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [19a-87b-17(b)(1) and/or 19a-87b-17(b)(2)]	<b>Description:</b> 099-Documented Med Trained Staff
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Failed to maintain current or complete documentation of training in the administration of medication when training had expired for oral, topical, inhalant & injectables. Training was scheduled for 2/10 but cancelled by instructor. Next class scheduled for 3/22.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(c)]	<b>Description:</b> 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
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Statute and/or Regulation: [19a-87b-5(f)(2)]	Description: 007-License Posted
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Statute and/or Regulation: [19a-87b-5(g)]	Description: 008-Access to OEC Phone Number
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Statute and/or Regulation: [19a-87b-5(h)]	Description: 009-Photo ID
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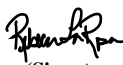


YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

*(This area is currently blank for discussions and comments.)*

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed.
- **APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.**

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 03/21/2025	 (Signature of Provider/Substitute/Applicant)
<b>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)		<b>LESHONDA C LEE</b> (Printed Name)