

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Joanna M. Bautista Date: 4/12/22 Time: 8:20A

Location Address: 24 Weyman St 1<sup>st</sup> FL Waterbury Telephone #: 203-707-6384

e-mail address: Joannambd15@hotmail.com License # 57199 Expiration Date: 16:30:22

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Follow up from full

Observations/Corrections needed:

- 33. Didn't observe Emergency drills written
- 46. Water temperature is at 160°
- 50. Didn't observe complete ~~toilet~~ First Aid Kit
- 53. 2 of 7 kids don't have Enrollment Forms.
- 54. 2 of 7 kids don't have Health Records
- 55. 3 of 7 kids don't have complete Immunizations.
- 58. 1 of 7 kids don't have transportation permission to/from school
- 19. When arriving at the daycare, didn't observe provider or an approved substitute caring for the children, Provider came back 5 minutes after inspector arrived.

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: 4.26.22

Signature: [Signature]

(OEC Representative)  
Print Name: Jaharish Lopez

Signature: Joanna Bautista

(Person in Charge)  
Print Name: JOANNA BAUTISTA