

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miosotty Juarbe Date: 8/23/22 Time: 12

Location Address: 154 Pearl Lake Rd Wtby Telephone #: 203-950-4298

e-mail address: Mio3kids@gmail.com License #: 56861 Expiration Date: 10/31/25

Capacity: 6<sup>F3</sup> # 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: [Signature]

Purpose of visit: -Follow up from Full

Observations/Corrections needed:

- 62. 1 of 9 kids doesn't have Medication available needed in care.
- 100. Did not observe written authorization from prescriber/parent to administer medication that is in care
- 102. Prescription Medication isn't stored/labeled correctly.

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: 9.6.22

Signature: [Signature]  
(OEC Representative)  
Print Name: Janarish Lopez  
Signature: [Signature]  
(Person in Charge)  
Print Name: Miosotty Juarbe