

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yohanna Paniagua Batista Date: 11/11/22 Time: 8:30 A
Location Address: 4 Circle Terrace Danbury Telephone #: 475-279-1496
e-mail address: YohannaP1@hotmail.com License #: pending Expiration Date: -
Capacity: 6+3 # of Children Present: - # 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 P Yohanna Paniagua

Purpose of visit: follow up. from initial

Observations/Corrections needed:

31. Didn't observe a hand rail in the front entrance of home.

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: 11/15/22

Signature: J. Lopez
OEC Representative
Print Name: Janae Sh Lopez

Signature: Yohanna Paniagua
(Person in Charge)
Print Name: Yohanna Paniagua Batista