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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Joanna Maria Bautistisa Date: 9/20/22 Time: 1:10pm

Location Address: 24 Wyman St FL1 Wby. 06710 Telephone #: ∅

e-mail address: Joannambd15@Hotmail.com License #: 57199 Expiration Date: 6.30.23

Capacity: 6+3 # of Children Present: 2 # 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*** Joanna Bautista

Purpose of visit: ~~Follow up~~ from full (Supervision) Partial

Observations/Corrections needed:

50. Didn't observe a complete first Aid kit.

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: 9/29/22

Signature: J. Lopez (OEC Representative)

Print Name: Jamarish Lopez

Signature: Joanna Bautista (Person in Charge)

Print Name: Joanna Bautista