

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nata L. Bautista Sanchez Date: 12/28/11 Time: 3:30pm
Location Address: 196 Newhaven Ave Waterbury Telephone #: 201-889-6548
e-mail address: Natty_416@hotmail.com License #: pending Expiration Date: —
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i> <u>[Signature]</u> <u>NECA C.O.A B.S.</u>
--	---

Purpose of visit: Initial Follow up, Basement care

Observations/Corrections needed:

- Applicant moved care to lower area, ~~Remote safe exits~~, there does appear to have Remote safe ~~exist~~ exits. waiting for supervisors approval.

40. Didn't Observe a 4ft Barrier to Jacuzzi accessible to children.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Janeisha Piper
Signature: [Signature]
(Person in Charge)
Print Name: NECA C.O.A BAUTISTA