

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Neta C. Bautista Sanchez Date: 1/18/23 Time: 4:30p

Location Address: 196 New Haven Ave. Waterbury Telephone #: 201.859.6546

e-mail address: Natty-416@hotmail.com License #: pending Expiration Date: —

Capacity: 6+3 # of Children Present: — # of Staff Present: —

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: _____

Purpose of visit: Follow up from initial.

Observations/Corrections needed:

21. Provider Applicant is unable to provide proof of background checks for self and household members.

- Measured Egress in care area

- provider plans use whole down stairs area for care except one room.

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: 2/1/23

Signature: _____
Print Name: Geneshh Lopez
Signature: _____
Print Name: Neta C. DIA BAULISTA
(Person in Charge)