

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jissel Hernandez-Bautista Date: 9/13/23 Time: 12:15pm

Location Address: 18 Driggs St. Woburn, 06704 Telephone #: (203) 706-5611

e-mail address: Jisselh73@gmail.com License #: 57067 Expiration Date: 6/30/26

Capacity: 6⁺³ # 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 fall

Observations/Corrections needed:

- 21. Didn't observe providers current Background check ^{per} in roster.
- ~~24~~ 24. Didn't observe the policy ~~to~~ to administer Medication.

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: 9/27/23

Signature: [Signature]
(OEC Representative)
Print Name: Johanna Lopez

Signature: [Signature]
(Person in Charge)
Print Name: Jissel Hernandez