

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Neta Bautista Sanchez      Date: 11/28/23 Time: 12:19 PM  
Location Address: 1916 New Haven Ave, Wtlg 06708      Telephone #: 201889 6546  
e-mail address: jendynetty@gmail.com      License #: 57792      Expiration Date: 2/28/27  
Capacity: 6+3      # of Children Present: 2      # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>[Signature]</u>
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Purpose of visit: Follow up to inspection on 11/16/23

Observations/Corrections needed:

- #24) Observed <sup>(disinfecting)</sup> cleaning wipes on stairwell where children walk through to go up and outside.
- #25) Observed urine in toilet in children's bathroom accessible to children.
- #44) Observed open garbage bag in kitchen being used as "garbage bin", 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.

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/12/23

Signature: [Signature]  
(Person in Charge)