

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francisco Batista Date: 9/8/2021 Time: 2:35p.m.

Location Address: 44 Berkeley Ave. Apt 2 Newbury Telephone #: 860-881-4953

e-mail address: aridio.batista1961@gmail.com License #: 57057 Expiration Date: 5/31/2022

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature X [Signature]

Purpose of visit: Follow up to visit on 8/11/2021

Observations/Corrections needed:

- ⑤ # 23 Observed rug secured in the play area.
- ⑤ # 40 Observed lock ^{key} on gate of pool fence locked.

Discuss maintaining play area without empty ^{new} cans, bottles of water, et on the floor, keeping an eye on items that can collect water during rainy days.

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: MIA.

Signature: [Signature]
(Person in Charge)