

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francisco Batista Date: 2/9/23 Time: 9:25a

Location Address: 44 Berkeley Ave Apt 2 Telephone #: 800-881-4953

e-mail address: aridio.batista1961@gmail.com License #: 57057 Expiration Date: 5/31/26

Capacity: 6/3 # of Children Present: 7 # of Staff Present: 1

|  |   |
|--|---|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | <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.</i><br>Provider/Applicant/Substitute's Signature <u>[Signature]</u> |
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Purpose of visit: Capacity Check

Observations/Corrections needed:

#4 observed 7 children in care with one staff.

#55 Six children have incomplete immunizations (missing influenza vaccine for the season)

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: 2/23/2023

Signature: [Signature]  
(Person in Charge)