

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francisco Batista Date: 2/16/23 Time: 9:30a
Location Address: 44 Berkeley Ave #2 Telephone #: 860 881 4953
e-mail address: aridio.batista1961@gmail License #: 57057 Expiration Date: 5/31/26
Capacity: 6/3 # of Children Present: 6 # 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 Capacity + Enrollment Records

Observations/Corrections needed:

- 19a-87b-10(3)(A) written permissions:
based on parents statements (two parents)
provider failed to accurately document children's
hours on enrollment forms as well as assure
that written permissions were filled out with
accurate approvals for emergency authorized release.
- 19a-87b-10(3)(c):
Based on parent statements, provider failed to
inform parent of transporting child from
downstairs childcare to the childcare on
second floor, ^{done} without permission on 2/9/23.

Discussion: Fix and update all hours on enrollment forms
and written permissions to reflect program.

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: 3/2/23

Signature: [Signature]
(Person in Charge)