

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Margrita Batista Torres Date: 8/28/23 Time: 10:20pm
Location Address: 128 Westville Ave Danbury Telephone #: 203-415-8505
e-mail address: Margrita.Batista@H4mail.com License #: 57545 Expiration Date: 9/30/25
Capacity: 6+3 # of Children Present: 11 # 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: Partial

Observations/Corrections needed:

4. ~~observed~~ upon entering the home observed 1 staff with 8 children, after another staff entered the care, totaling after seeing 11 kids in total in the child care home.

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: 9/11/23

Signature: [Signature]
Print Name: Juanita Lopez
Signature: [Signature]
Print Name: Yurileydy Tavaréz