

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Margarita Batista-Torres Date: 11/13/23 Time: 3:35pm
Location Address: 128 Westville Ave. Danbury, 06811 Telephone #: 203-415-8505
e-mail address: margarita.batista@hotmail.com License #: 57545 Expiration Date: 9/30/25
Capacity: 6⁺³ # of Children Present: 5 # 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: <u>Margarita Batista</u>
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Purpose of visit: partial Capacity and Infant Safe Sleep.

Observations/Corrections needed:

- no violations found at time of visit. -

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Margherita Lopez
Signature: Margarita Batista
(Person in Charge)
Print Name: margarita batista