



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	FRANCISCO BATISTA				License Number	DCFH.57057	Date of Inspection	07/18/2024
					Expiration Date	5/31/2026	Time of Inspection	12:33 PM
Address	44 BERKELEY AVE APT 2 NEW LONDON CT 06320-5346				Telephone	(860) 881-4953	Regular Capacity	6
					Days and Hours	MONDAY - SATURDAY 24/6	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	2	# of Total Children Present	10	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	aridio.batista1961@gmail.com				Inspector's Email	evelyn.vicente-quinones@ct.gov		
Key: Compliant = X Non-Compliant = O	<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i>							
	 Signature of Provider/Substitute/Applicant							

TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	02/06/2027
O	14. First Aid Certificate	Failed to maintain current certificate when it expired 2/2024
	Expiration date:	02/22/2024

<input type="radio"/>	15. CPR Certificate Expiration date: 02/22/2024	Failed to maintain current certificate when it expired 2/2024
<input type="radio"/>	16. Judgment	Failed to demonstrate good judgement when children were sitting watching tv in area that is being worked on with high levels of lead.

MEMBERS OF THE HOUSEHOLD 19a-87b-7

<input checked="" type="checkbox"/>	17. Medical Statement	
<input checked="" type="checkbox"/>	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

<input checked="" type="checkbox"/>	19. Substitute or Assistant Type of Staff : Substitute	Y/N Y	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<input checked="" type="checkbox"/>	21. Background Check(s)	
-------------------------------------	-------------------------	--

PHYSICAL ENVIRONMENT 19a-87b-9

<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment	
<input checked="" type="checkbox"/>	23. Freedom of Hazards	
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible	
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely	
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables	
<input checked="" type="checkbox"/>	27. Safe Door Fasteners	
<input checked="" type="checkbox"/>	28. Electrical Safety	
<input checked="" type="checkbox"/>	29. Safe Exits	
<input checked="" type="checkbox"/>	30. Basement Supervision Used for Care ?	Y/N Y Y/N N
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails	
<input checked="" type="checkbox"/>	32. Emergency Plan	

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
O	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers for all children enrolled	
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
○	62. Meeting the Child's Needs	Failed to meet the physical needs of children when provider does not have asthma medication for child with diagnosis of asthma.
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
○	65. Handwashing	Failed to ensure the provider's, staff and children's hands are washed with soap and water after toileting
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
○	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs for child diagnosed with asthma.
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
O	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	Failed to wash the child's hands after diapering
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision-at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? Y NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

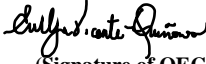
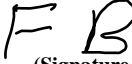
X	93. Access- Immediate, Entire or Part of Facility and Records	
----------	---	--

Are Medications Administered? **Y** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? **N** **MONITORING OF DIABETES 19a-87b-18**

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
<p>~OEC representative shall return to complete review of additional children enrolled; only reviewed children present at today's visit and observe wall repairs.</p> <p>~Two children arrived at different times during visit; one upon OEC arrival, the other during visit. Two children left during visit.</p> <p>~Provider stated he will follow up with Local health department as the environmentalist left a message informing them of high lead levels.</p> <p>~ Provider will ensure children will not have access to any areas being worked on for lead compliance.</p> <p>~Notification of change received yesterday for stepson residing in licensed home. Provider stated he resides on first floor. Provider stated that his stepson's girlfriend currently only visits. Discussed needing notification of change, background check and medical statement if moving in.</p> <p>~ Approved staff present is fluent in both English and Spanish and inspection conducted in Spanish.</p> <p>~ OEC representative will also continue to communicate with local health authorities.</p>			
<p>NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.</p>			
<p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)		 (Signature of Provider/Applicant/Substitute)	
Evelyn Vicente-Quinones (Printed Name)		FRANCISCO BATISTA (Printed Name)	
		DATE CORRECTIONS DUE BY: 08/01/2024	