



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	FRANCISCO BATISTA			License Number	DCFH.57057	Date of Inspection	11/14/2024
				Expiration Date	5/31/2026	Time of Inspection	09:35 AM
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
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up visit			Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	aridio.batista1961@gmail.com			Inspector's Email	evelyn.vicente-quinones@ct.gov		

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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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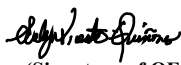

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Conducted walk through of home indoors/outdoors; no children present. Mr Batista is awaiting for a contractor to work on cleaning up in the backyard.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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.
- APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		FRANCISCO BATISTA (Printed Name)