

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francisco Batista Date: 12/2/24 Time: 10:55 AM
Location Address: 44 Berkeley Avenue Apt 2 New Haven Telephone #: 860-881-4953
e-mail address: aridio.batista1961@gmail.com License #: 57057 Expiration Date: 5/31/26
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all family child care records as required by Family Child Care Home Regulations.
Family Child Care Home Provider/Applicant/Substitute's Signature X [Signature]

Purpose of visit: Follow up visit

Observations/Corrections needed:

The DEC conducted Follow up visit with ledge light local health department staff.
No children observed at time of visit during walk-through
Additional dust wipe: collected (1) floor of second floor hallway by doorway
Pending results of dust wipes - Mfr. Batista will not provide child care until cleared by local health dust wipe results and the DEC approval.

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: [Signature]
Print Name: Erilyn Vicente Quinones
(DEC Representative)
Signature: X [Signature]
Print Name: FRANCISCO Batista
(Person in Charge)