

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Berrios Date: 12-10-21 Time: 2:25

Location Address: 28 Tufts St. Bristol Telephone #: 347 819 9347

e-mail address: berrioskim6@gmail.com License #: pending Expiration Date: —

Capacity: 6-3 # of Children Present: 0 # of Staff Present: 0

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 Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature Kimberly Berrios

Purpose of visit: Follow up to observe handrails added to outdoor stairs

Observations/Corrections needed:
Compliance was met at follow-up confirming that stairs are no longer a hazard because railings have been added.

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: N/A

Signature: [Signature]
(DEC Representative)
Print Name: Patricia A. Tyburski

Signature: Kimberly Berrios
(Person in Charge)
Print Name: Kimberly Berrios