

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Berrios Date: 2.8.22 Time: 11:08
Location Address: 28 Tufts St. Bristol Telephone #: 347 819 9347
e-mail address: berrioskim6@gmail.com License #: 57576 Expiration Date: 12.31.25
Capacity: 603 # of Children Present: 1 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Kimberly Berrios</u>
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Purpose of visit: Follow Up to Basement Renovation and Town Approvals of construction done.

Observations/Corrections needed:

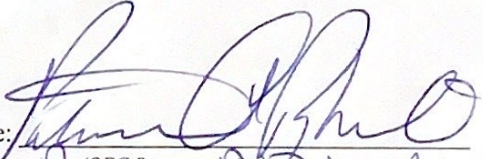
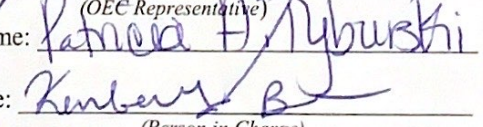
Newly licensed provider informed OEC of inspections that her town was requiring due to contractor's work. Plumbing, Fire, Electrical, Building inspectors were required & corrections were made.

All Regulations are still met at Follow Up and Compliance was found.

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: DIA

Signature: 
(OEC Representative)
Print Name: Patricia H. Tyburstki
Signature: 
(Person in Charge)
Print Name: Kimberly Berrios