

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Babies 2 Buddies Date: 11/3/22 Time: 10:45

Location Address: 10 Chamberlain Hwy, Berlin Telephone #: (860) 357-3297

e-mail address: jcallegas@babies2buddies.com License #: pending Expiration Date: pending

Capacity: 108/40 # of Children Present: 0 # of Staff Present: 1

**Consent to Inspect
Family Child Care Home**

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.
Provider/Applicant/Substitute's Signature NIA

Purpose of visit: Follow-up to initial inspection - playground measurements

Observations/Corrections needed:

- #1: Large Over-3 Playground: $56.6 \times 87 = 4924.2 / 75 = 65$ OK group of 20
- #2: Picnic Table Area: $31.6 \times 29.6 - (10 \times 7.5) = 935.36 - 75 = 860.36 / 75 = 11.4$
HVAC OK 11 or 8 under-3
- #3: Toddler Playground: $28.5 \times 31.6 - (4.6 \times 2.6) = 900.6 - 11.96 = 888.64 / 75 = 11.8$
fence OK 8 under
- #4: concrete/Basketball Hoop: $31.6 \times 47 - (10 \times 7.5) = 1410.2 - 75 = 1335.2 / 75 = 17.8$
HVAC OK 18
- #5: grassy playyard: $21 \times 60 = 1260 / 75 = 16.8$ OK 16 or 8 under-3

Discussed: cover unprotected screws, documentation for poured rubber

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: NIA

Signature: Julie Callegas
(Person in Charge)