

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Richard A. Battles Day Care   Date: 2-10 ~~1-26-23~~   Time: 11

Location Address: 30 Battles St., Hartford   Telephone #: 860-549-4380

e-mail address: jdavis@mtolive daycare.com   License #: 15664   Expiration Date: 9-30-25

Capacity: 186   # of Children Present: 98   # of Staff Present: 20

**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 \_\_\_\_\_

Purpose of visit: follow up case # 2033-61

**Observations/Corrections needed:**

MS-19a-7c.4s(c)(4)(D) - observed proper supervision and ratios in all classrooms, outside, and in transition

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: [Signature]   Kevin Eddy  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]   (Person in Charge)  
Julienne Davis