

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Richard A. Battles Day Care Date: 1-26-23 Time: 9:30

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: 95 # of Staff Present: 14

**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: case # 2023-61

Observations/Corrections needed:

S- 19c-79-4a(c)(4)(D) - supervision - a child was left alone unsupervised in the classroom for approximately 30 minutes

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: 2-09-23

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