

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Richard A. Battles Day Care Date: 5-25-23 Time: 10:30

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: 180 # of Children Present: 112 # of Staff Present: 17

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

Purpose of visit: 3 month follow up for case #2023-61

**Observations/Corrections needed:**

NS- 19a.79-4a(c)(4)(D) - supervision - observed  
proper supervision and ratios inside  
and outside and during transitions.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)

Print Name: Kevin Edog

Signature: [Signature]  
(Person in Charge)

Print Name: Kenyetta Swaby