

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Babies 2 Buddies Date: 8/1/23 Time: 2:30

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

e-mail address: jcallegas@babies2buddies.com License #: 70678 Expiration Date: 11/30/26

Capacity: 124/56 # of Children Present: 42 (24/13) # of Staff Present: 11

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>NIA</u>
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Purpose of visit: Ratio Partial

Observations/Corrections needed:

Ratio in compliance at this time. NO violations 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: NIA

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight
Signature: Julie Callegas
(Person in Charge)
Print Name: Julie Callegas