

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Babies 2 Buddies Date: 5/22/25 Time: 9:17am

Location Address: 10 Chamberlain Hwy Berlin Ct Telephone #: 860-357-3297

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

Capacity: 92/56 # of Children Present: 39/21 # of Staff Present: 11

**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: Follow up to inspection conducted on

Observations/Corrections needed:

19a-79-4a(d)(4)(A): Ratio in compliance at  
time of visit

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: Johanne Dalo

Signature: [Signature]  
(Person in Charge)  
Print Name: Danielle Suber