FACILITY VISIT

Facility Name: Rebecca Hawke Date: 10/19/2022 Time: 09:40

Provider: _____ Certificate #: <u>014876</u> Phone: <u>774-488-6549</u>

Address: 44 Vixen Circle City: Pinedale

Facility Type: XFCCH FCCC CCC

Comments/TA Provided:

Unannounced Visit. Attendance record was checked and verified with children present. (1) staff, (7) children present. Ages: (1) infant, (2) age 1, (2) age 2, (2) age 3. Staff/child ratio and supervision checked. Children are getting ready to go outside. Staff requirements were checked prior to visit and verified at visit. Discussed upcoming expiring items and policy handbook. Policy handbook checklist was provided. Facility hours verified to be current.

Childcare Licensor:

Date: <u>10/19/2022</u>

Dicrector/Providor:

Date: 10/19/2022