

FACILITY VISIT

Facility Name: Rebecca Hawke

Date: 10/20/2020

Time: 02:15

Provider: _____

Certificate #: 014876

Phone: 774-488-6549

Address: 44 Vixen Circle

City: Pinedale

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

The purpose of this visit is an unannounced visit. Provider was present with (4) children. Ages: (2) infants, (1) age 2, (1) age 4. This group is staff/child ratio compliant and well supervised. (2) children sleeping, including (1) infant and (2) children awake. Infant sleep is compliant. Staff requirements were checked prior to visit, verified at visit and found to be compliant. TA provided for discussion on upcoming expiring items. (2) central registry forms were given to provider. Facility hours updated. No violations observed.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____