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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beach Babies Date: 9-2-22 Time: 2:30pm

Location Address: 210 Boston Post Rd. Old Saybrook, CT Telephone #: 860 388-3737

e-mail address: allison.beachbabies@gmail.com License #: 16320 Expiration Date: 2/28/2025

Capacity: 99 (U3 48) # of Children Present: 44 (U3 34) # of Staff Present: 7

Consent to Inspect Family Child Care Home	*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.* ***Provider/Applicant/Substitute's Signature*** N/A

Purpose of visit: Complaint Investigation Case # 2022-681

Observations/Corrections needed:

(S) 19a-79-4a(b): Staffing - Background check - Observed Staff person without a work supervised or current status for background check - providing direct care to children.

(S) 19a-79-10(c)(2) Under three endorsement - Program failed to maintain 1 staff to 4 children ratio in 3 classrooms. Observed 1 staff with 9 children in one room. Observed 1 staff with 8 children in second room. Observed 1 staff with 9 children in third room.

(S) 19a-79-10(c)(3) Under three endorsement - Group Size Program exceeded group size of 8 in two rooms. Observed 9 toddlers and 2 teaches in one room, and 9 toddles and 1 teache in second room.

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: 9/16/2022

Signature: Stephanie Pia *(OEC Representative)*

Print Name: Stephanie Pia

Signature: _____ *(Person in Charge)*

Print Name: Allison McCarthy