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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beach Babies Learning Center Date: 9/9/22 Time: 2:00pm

Location Address: 210 Boston Post Rd. Old Saybrook, CT 06475 Telephone #: (860)388-3737

e-mail address: allison.beachbabies@gmail.com License #: 14320 Expiration Date: 2/28/25

Capacity: 99 ~~43~~ 48 # of Children Present: ~~2165~~ 41 43 # of Staff Present: 6

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: Follow up Ratio/Group Size

Observations/Corrections needed:

(S) 19a-79-10(c)(2): Under three endorsement - Ratio - Observed one staff with 10 children, at arrival, in toddler room. Second staff returned to the room. Program exceeded 1:4 ratio

Group Size

(S) 19a-79-10(c)(3) Under ~~3(S)~~ three endorsement A Observed 10 children in one classroom, with children present under the age of 3. Program exceeded group size.

(S) 19a-79-10(g): Under three endorsement - Crib/Bed used for infant sleep - Observed infant, swaddled, asleep in swing.

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: 10/3/2022

Signature: Stephanie Pia
(OEC Representative)

Print Name: Stephanie Pia

Signature: [signature]
(Person in Charge)

Print Name: Allison McCarthy