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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Bees Play and Learn Center 3 Date: 1/3/23 Time: 8:30

Location Address: 89 West Rd., Ellington Telephone #: 860-926-4374

e-mail address: babybeesdirector@gmail.com License #: 70641 Expiration Date: 3/31/26

Capacity: 80 # of Children Present: 27 # of Staff Present: 8+3

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*** _____

Purpose of visit: Follow up to 12/21/22 inspection.

Observations/Corrections needed:

Check CAP items.

All CAP items were observed to be compliant at the time of inspection/ follow up. Some sinks will have the faucets replaced this weekend, one currently complete.

Discussed - P.S. divider gap.

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: N/A

Signature: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Lisa Matulewicz
(Person in Charge)

Print Name: Lisa Matulewicz