

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Children's Center Date: 1/31/23 Time: 8:45
Location Address: 278 Danbury Rd. New Milford Telephone #: 860-355-8534
e-mail address: Admin@beehivechildrenscenter.com License #: 14870 Expiration Date: 6/30/23
Capacity: 124/45 # of Children Present: 38 # of Staff Present: 9

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: follow up on ratio

Observations/Corrections needed:


<u>19a-79-10(c)(2)</u>	<u>8:2</u>
<u>#110 - Infant teacher left classroom at an 8:1</u>	<u>1:1</u>
<u>ratio to open the door.</u>	<u>8:2</u>
_____	<u>3:1</u>
_____	<u>17:2</u>
_____	<u>1:1</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:  Kim Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/14/23

Signature: 
(Person in Charge)