

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Children's Center nm Date: 2/7/23 Time: 8:30

Location Address: 278 Danbury Rd. New Milford Telephone #: _____

e-mail address: _____ License #: 14870 Expiration Date: 4/30/23

Capacity: 124/45 # of Children Present: 32 # of Staff Present: 7(2)

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:

Pa-79-10 (c)(3) - observed 10:3 in the 8:2
#111 infant room 10:3

7:1

7:1

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: 2/21/23

Signature: K Morgan
(OEC Representative)
Print Name: Kristi Morgan

Signature: Allison B. Cacace
(Person in Charge)
Print Name: Allison B. Cacace