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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Children's Center NM Date: 2/15/23 Time: 8:15

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

e-mail address: _____ License #: 16870 Expiration Date: 6/30/24

Capacity: 124/45 # of Children Present: 31 # 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*** _____

Purpose of visit: follow up on group size / ratio

Observations/Corrections needed:

in compliance today

5:1
11:2
7:2
8:2

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: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Minah McBrearty