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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beach Babies Learning Center Date: 10/5/22 Time: 2:05 pm

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

e-mail address: allison.beachbabies@gmail.com License #: 163220 Expiration Date: 2/28/25

Capacity: 99 (u3 48) # of Children Present: 48 (u3 22) # of Staff Present: 9

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/Safe Sleep group size

Observations/Corrections needed:

Observed compliance with ratio and group size regulations at the time of the visit.

Observed compliance with safe sleep regulations, at the time of the visit.

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: Stephanie Ro
(OEC Representative)

Print Name: Stephanie Ro

Signature: _____
(Person in Charge)

Print Name: _____