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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beach Babies Learning Center Date: 1/12/23 Time: 8:39

Location Address: 210 Boston Post Rd Old Saybrook Telephone #: 860-388-3737

e-mail address: allison.beachbabies@gmail.com License #: 16320 Expiration Date: 2/28/25

Capacity: 99 # of Children Present: 35 # 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*** NA

Purpose of visit: follow up to 1/5/23 inspection

Observations/Corrections needed:

#110 - ratios in compliance at this visit

#111 - Group size in compliance

#186 - Background check in compliance

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: F Montanye
(OEC Representative)

Print Name: F Montanye

Signature: Sarah Budney
(Person in Charge)

Print Name: Sarah Budney