

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Baby Bees Play and Learn Center Date: 4/21/23 Time: 11:30 AM  
Location Address: 1075 Main St. Newington Telephone #: 860 500 7485  
e-mail address: babybeesnewington@gmail.com License #: 70631 Expiration Date: 10/31/25  
Capacity: 45 # of Children Present: 13 # of Staff Present: 3

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| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | 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.<br>Provider/Applicant/Substitute's Signature <u>N/A</u> |
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Purpose of visit: Complaint Investigation Case 2023-328

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - No evidence to support that staff were not supervising a child when she received an injury.

S 19a-79-7a(h)(3) - Physical Plant - Outdoor space - Observed 3"-5" gaps under fence and metal anchors sticking up from ground.

S 19a-79-7a(h)(7) - Physical Plant - Outdoor space - Observed areas of the playground fence to be 3'7" and 3'6" in height.

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: 5/5/23

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Boby PEREZ