

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Children's Center NM Date: 5/8/23 Time: 12:30

Location Address: Dunbury Rd. New Milford CT 06770 Telephone #: 860-355-8534

e-mail address: Admin@beehivechildrenscenter.com License #: 16870 Expiration Date: 6/30/23

Capacity: 124/45 # of Children Present: 52 # of Staff Present: 11(1)

**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 safe sleep.

Observations/Corrections needed: #129

19a-79-10 (g)(4) - observed infant sleeping in a bouncy seat. 6:2  
7:2

7:2  
7:2

discussed: infant in bouncy seat with bottle - 10:1  
not <sup>firm</sup> supported held for bottle feedings. 15:2

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: 5/22/23  
22 (K)

Signature: [Signature]  
(OEC Representative)

Print Name: [Name]

Signature: [Signature]  
(Person in Charge)

Print Name: [Name]