

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive children's center NM Date: 5/10/23 Time: 12:00

Location Address: Dunbar Rd. n. milford Telephone #: 840-355-9534

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

Capacity: 124/45 # of Children Present: 51 # of Staff Present: 12(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:

In compliance. 5:2
7:2
7:2
7:2
14:2
11:2

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: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: Allison B. Cacace
(Person in Charge)
Print Name: Allison B. Cacace