☐ Initial ☑ Unannounced ~~Full~~/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beehive Children's Center Date: 8/1/23 Time: 8:10

Location Address: 278 Danbury, Rd. N. Milford Telephone #: _____

e-mail address: _____ License #: 16870 Expiration Date: 6/30/27

Capacity: 124/45 # of Children Present: 28 # of Staff Present: 8

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: partial inspection on safe sleep + ratio

Observations/Corrections needed:

in compliance today

3:1
6:2
4:1
10:3
5:1

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: _____
(OEC Representative)
Print Name: Kristin Morgan

Signature: _____
(Person in Charge)
Print Name: Minah McBreairty