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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Bee's Play and Learn Center 3 Date: 8/7/23 Time: 11:30

Location Address: 89 West Rd, Suite 6, Ellington Telephone #: (860) 926-4374

e-mail address: babybees director@gmail.com License #: 70641 Expiration Date: 3/31/26

Capacity: 80/46 # of Children Present: 41 (21 +3) # of Staff Present: 14

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*** n/a

Purpose of visit: Complaint Investigation Case 2023-672

Observations/Corrections needed:

(NS) 19a-79-3a(d)(7) - Administration - General operating policies - Program followed both their illness policy and termination policy which are included in the parent handbook.

(S) 19a-79-5a(a)(3)(A) - Recordkeeping - Illness report - Program failed to maintain an illness report on file for a child who became ill at the center.

(NS) 19a-79-7a(e)(2) - Physical plant - Environmental Requirements - Per staff, increased fluids are provided during outside play in warm temperatures.

(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: 8/21/23

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Lisa Matulewicz
(Person in Charge)
Print Name: Lisa Matulewicz