

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Beehive Children's Center      Date: 12/13/22 Time: 9:4

Location Address: 278 Danbury Rd, New Milford      Telephone #: 860-355-852

e-mail address: admin@beehivechildrenscenter.com      License #: 16870      Expiration Date: 12/22

Capacity: 124      # of Children Present: 37      # of Staff Present: 8

<b>Consent to Inspect</b> <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. Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: 2024-1093

Observations/Corrections needed:

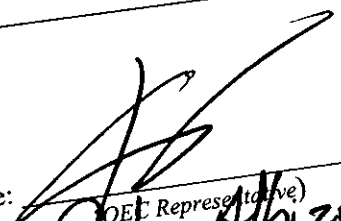
(Ns) 19a-79-3a(a) - Health and Safety - There is insufficient evidence to support that the operator staff is not in compliance with ensuring the health and safety of the children enrolled.

(Ns) 19a-79-3a(b)(7)(c) - Child Protection - There is insufficient evidence to support that the operator/staff is not in compliance ensuring children were protected from abusive or neglect behaviors.

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 OFC BY: \_\_\_\_\_

Signature:   
Print Name: Carlos Albizu (OEC Representative)  
Signature: Allison B. C.  
Print Name: Allison B. (Person in Charge)

