2025-80

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Bees Play and Learning Date: 2/20/25 Time: 10:45 AM

Location Address: 89 West RD Suite 6 Ellington, CT. Telephone #: 860-454-4282

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

Capacity: 81/41 # of Children Present: 38 # 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: follow-up - Self report - 2025-80

Observations/Corrections needed:

PIC Kylie Carlquist - Director

(NS) 19a-79-4a(d) 4(D) Staffing and Consultant - Supervision - OEC observed staff not providing appropriate Supervision to children at all times as staff were observed on their phones in 1 to 2 classrooms and were unaware of OEC's ~~Presence~~ presence. Staff were not giving their full attention to children in classroom.

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: 3/5/25

Signature: _____ (OEC Representative)

Print Name: Valecia Williams

Signature: Kylie Carlquist (Person in Charge)

Print Name: Kylie Carlquist