2025-80

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Baby Bee's Play and Learning Date: 3/5/25 Time: 10:00am

Location Address: 89 West RD Suite 6 Ellington, CT 06025 Telephone #: 860-454-4282

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

Capacity: 81/91 # of Children Present: 42 # 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 Consultants- Supervision- Per Director, program has been adhering to Supervision policy.

S = Substantiated **(NS) = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Kylie Carlquist
(Person in Charge)
Kylie Carlquist