

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Busy Beaver Extended Day Program   Date: 11/15/21   Time: 1:30

Location Address: 347 Woodside Ave. Bridgeport   Telephone #: 203 372-9560

e-mail address: busybeaver edp@yahoo.com   License #: 13734   Expiration Date: 10/31/25

Capacity: 64   # of Children Present: 32   # of Staff Present: 6 + 1

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Investigation 2021-807

Observations/Corrections needed:

PIC: Rose Moriello

(P) 19a-79-3a(b)(8)(A) Administration, discipline -

Pending completion of interviews with staff.

**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: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Rose Moriello  
(Person in Charge)

Print Name: Rose Moriello