

2021-807

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Busy Beaver Extended Day Program Date: 11/17/21 Time: 12:35

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: 64/31 # of Children Present: 40/21 # of Staff Present: 8+1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Follow-up to complete interviews from 11/15/21 visit.

Observations/Corrections needed:

PIC: Rose Moridello

NS 19a-79-3a(b)(8)(A) Administration, discipline - unable to substantiate any inappropriate discipline techniques used by staff due to insufficient evidence.

Other:

S 19a-79-10(g)(3) Sleep arrangements, soft surface, objects Operator failed to provide a safe sleep environment when 7 month old napping with sac on top of baby, a bib around neck and a cord attached to pacifier. A second 7 month old observed with cloth under head and bib around neck.

An 11 month old with cord attached to pacifier and cord had flipped over to back of head. 10 month old child with a bib and clip cord on pacifier was being put to sleep.

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: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: \_\_\_\_\_  
(Person in Charge)

Print Name: Rose Moridello

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Dec. 1, 2021