

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Busy Beaver Extended Day Program Date: 12/2/21 Time: 2:08

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

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

Capacity: 64 # of Children Present: 37/20 # of Staff Present: 7+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 visit from 11/17/21 2021-807

Observations/Corrections needed:

NS 19a-79-10(g)(3) Sleep arrangements - operator was in compliance with this regulation at time of this visit.

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: Sarah Tolson
(Person in Charge)

Print Name: Sarah Tolson