

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bunny Village Child Care Date: 6/17/22 Time: 3:10

Location Address: 215 Bridgeport Ave Shelton Telephone #: 203 924-2737

e-mail address: amanda.lubrico@bunnyvillage.com License #: 70053 Expiration Date: 4/30/24

Capacity: ~~50~~^{71/32} # of Children Present: 50⁺ # of Staff Present: 12⁺

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 investigation 2022-380

Observations/Corrections needed:

(NS) 19a-79-7a(e)(2) Physical plant, temp exceeds 80° -
Operator was in compliance with increasing ventilation. Back toddler
area 81°, 79° in other 3 rooms, 72° on preschool side. Observed fans.

(NS) 19a-79-10(g)(1) Under three endorsement, sleep arrangements -
Did not observe children sleeping in cribs.

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: AM
(Person in Charge)

Print Name: Amanda Lubrico