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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bunny Village Date: 4/30/22 Time: 12:00 PM

Location Address: 41 Village Ln Bethany Telephone #: 203 393 7378

e-mail address: Melissa.swan@bunnyvillage.com License #: 16161 Expiration Date: 9/30/25

Capacity: 40/24 # of Children Present: 30 # of Staff Present: 7+

| | |
|---|---|
| ***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*** N/A |

Purpose of visit: Safe Sleep follow-up 8/2 15/2 9/2

Observations/Corrections needed:

(NS) 19a-79-10(g) - Under Threes endorsement - Safe sleep - Walk through conducted - no violations at 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: _____ (OEC Representative)

Print Name: Lauren Hall

Signature: _____ (Person in Charge)

Print Name: Heather Hultgren