

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Busy Beaver Extended Day Program Date: 7.13.22 Time: 11am

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

e-mail address: busybeaveredp@yahoo.com License #: 13734 Expiration Date: 1031-25

Capacity: 64/31 # of Children Present: 43 # of Staff Present: 10

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 7.7.22 inspection (#130 Safe Sleep)

Observations/Corrections needed:

#130 - observed 1 infant in crib with mattress propped with a bobby pillow underneath it. Staff stated the child has reflux and mother requested it since she started months ago.

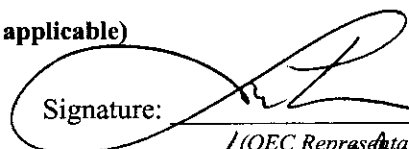
Discussion

- crib sheets fit snug - ok at inspection
- A doctor's note is required for alternate sleep positions and must state medical condition and specific instructions for sleep.

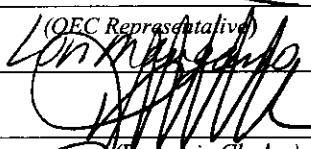
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7.20.22

Signature: 

Print Name: (OEC Representative)

Signature: 

Print Name: Rose Moriello
(Person in Charge)