

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Busy Beaver Extended Day Program Date: 7/29/22 Time: 1:45pm  
Location Address: 347 Woodside Ave Bpt Telephone #: 203 372-9560  
e-mail address: busybeaveredp@yahoo.com License #: 13734 Expiration Date: 10-31-25  
Capacity: 64/31 # of Children Present: 33 # of Staff Present: 7

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b>
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Purpose of visit: Follow up to 7/13/22 inspection (Safe Sleep)

Observations/Corrections needed:

#130-1 Infant in crib with pink soft doll and another infant in crib with a cloth (burping cloth) when going down for naptime.

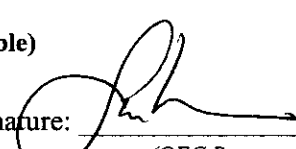
Discussion

- Recommended safe sleep training for all staff working with infants.

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: 8/1/22

Signature: 

Print Name: Kon Williams (OEC Representative)

Signature: 

Print Name: Rose Moriello (Person in Charge)