

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Busy Beaver Extended Day Program Date: 8/1/22 Time: 12:38 pm

Location Address: 347 Woodside Ave Bpt Telephone #: 703-372-9560

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

Capacity: 64/31 # of Children Present: 37 # of Staff Present: 8

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: (2nd Follow up) to 7/15/22 inspection (safe sleep)

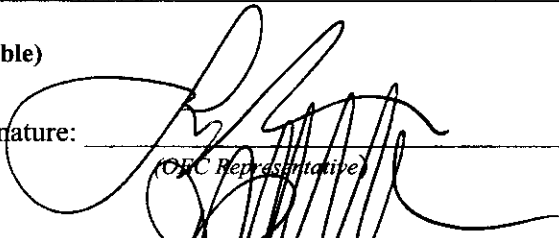
Observations/Corrections needed:

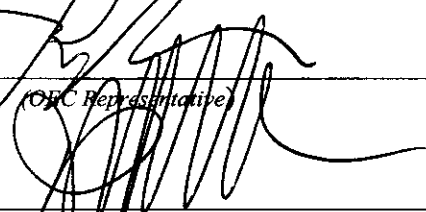
#130 - OK at inspection. Observed infants sleeping.

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)

Signature:  _____
(Person in Charge)