

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Busy Beaver Extended Day Program Date: 9.15.22 Time: 1:37 pm

Location Address: 347 Woodside Ave Bpt Telephone #: 203.372.9560

e-mail address: bbsubbeaveredp@yahoo.com License #: 13734 Expiration Date: 10.31.25

Capacity: 64/31 # of Children Present: 38 # of Staff Present: 10

**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*

Purpose of visit: Partial Inspection to 7.7.22 inspection (Safe Sleep)

Observations/Corrections needed:

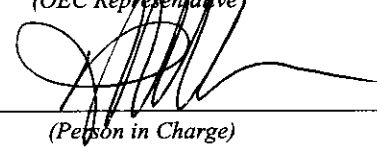
#130 - OK at inspection

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)