

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bunny Village Date: 12/20/22 Time: 1:15

Location Address: 215 Bridgeport Ave Shelton Telephone #: (203) 924-2737

e-mail address: Melissa.Swan@bunnyvillage License #: 70053 Expiration Date: 4/30/24

Capacity: 71 # of Children Present: 31 # of Staff Present: 9

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.</i> _____ <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up- safe sleep

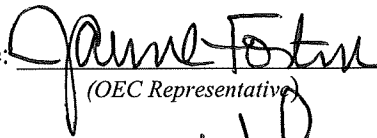
Observations/Corrections needed:

program in compliance. Staff had retraining per
Director and parent brought in tighter crib sheet.
In compliance at visit

staff is current in BCIS

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

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

Signature: 
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/1/2023

Signature: 
(Person in Charge)