

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bunny Village Date: 3/23/23 Time: 9:00
Location Address: 215 Bridgeport Ave Shelton Telephone #: 203 924-2737
e-mail address: Melissa.Swan@bunnyvillage.com License #: 70653 Expiration Date: 4/30/24
Capacity: 71 # of Children Present: 35 # 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: Partial - Based on 12/16/22 visit

Observations/Corrections needed:

- 3- Annual training - in compliance
- 17- Professional Development: In compliance
- 18b- Background checks - in compliance
- 38- Care Plans - in compliance
- 69- Toddler Rug - compliance (new Rugs)
- 70 Rugs Secure - in compliance
- 98- Training Outline - In compliance
- 102 Not compliant - 1 emergency Medication not on site
- 99 - Diaper Ointments - not in compliance 3 out of 3 forms did not have end date.
- 130- Crib hazards - in compliance

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: 4/5/23

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Amanda Lubricco
(Person in Charge)

Print Name: Amanda Lubricco