

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bernice Pullen Date: 6/13/2022 Time: 3

Location Address: 20 Ridge Court W #C19 Telephone #: 475-655-2860

e-mail address: queenhs26113@gmail.com License #: 51658 Expiration Date: 11/30/2023

Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1

**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: [Signature]

Purpose of visit: Follow-up to safe sleep

Observations/Corrections needed:

Observed updated physical - expiration date 5/24/2025.  
Carbon Monoxide detector available.  
No safe sleep concerns at time of inspection  
Provider stated she will hold infants for bottle feeding

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Donna B Zawentz  
Signature: [Signature]  
(Person in Charge)  
Print Name: BE [Signature]