

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heather Nelson Date: 7-30-21 Time: 12

Location Address: 38 Haig Ave., Bristol Telephone #: 800-491-6875

e-mail address: heathernel123@gmail.com License #: 57149 Expiration Date: 2-28-23

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1

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> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: follow up case # 2021-157

Observations/Corrections needed:

follow up to discuss lead management plan

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: Kevin Eddy

Signature: [Signature]
(Person in Charge)
Print Name: Heather Nelson