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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heather Nelson Date: 11-2-21 Time: 12:30

Location Address: 38 Haig Ave., Bristol Telephone #: 860-491-6875

e-mail address: heathernell23@gmail.com License #: 57149 Expiration Date: 2-28-23

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

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*** Heather Nelson

Purpose of visit: follow up case 2021-157

Observations/Corrections needed:

follow up to discuss lead plan with provider

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: _____
(OEC Representative)

Print Name: Kevin Eddy

Signature: Heather Nelson
(Person in Charge)

Print Name: Heather Nelson