

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nevezeta Turkovic Date: 6/26/23 Time: 3:35
Location Address: 27 Judd Rd, Wemerstfeld Telephone #: (800) 818-2904
e-mail address: nevezeta.turkovic@outlook.com License #: 56929 Expiration Date: 5/31/24
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

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: [Signature]

Purpose of visit: Complaint Investigation case 2023-536

Observations/Corrections needed:

- (NS) 19a-87b-10(h)(3) - Responsibilities of the provider - Giving Parents Information - Provider followed written illness policy provided and signed off on in enrollment contract
- (S) 19a-87b-10(b)(4) - Responsibilities of the provider - Maintaining Records on children - Incident log does not include documentation of illnesses that occurred during business hours.

(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: 7/10/23

Signature: [Signature]
(OEC Representative)
Print Name: Erin Wraight
Signature: [Signature]
(Person in Charge)
Print Name: Nevezeta Turkovic