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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rebekah Obermeier Date: 9/8/23 Time: 1:45PM

Location Address: 1240 East ST. N. Suffield, CT 06078 Telephone #: 860-752-5059

e-mail address: msbekah5i@gmail.com License #: 57083 Expiration Date: 7/31/26

Capacity: 6+3 # of Children Present: 4 # 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*** X

Purpose of visit: Follow-up for BCIS

Observations/Corrections needed:

Pending -

#21 Per Provider's report, Fingerprinting has been scheduled for 9/16/23. Confirmers email observed during the visit. Observed Provider operating the Program with no Substitute Present. Four childre were Present. Substitute arrives during the visit.

(NS) #53 Observed enrollment forms have been completed.

(NS) #56 Observed Emergency Permission are Completed.

(NS) #57 Observed Authorized Releases are Completed.

(NS) #58 Observed Transportation Permission are Completed.

(NS) #59 Observed Swimming Permission are Completed.

(NS) #60 Observed Incident logs are on all files.

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: 9-22-23

Signature: _____ *(OEC Representative)*

Print Name: Jenny Lee

Signature: X _____ *(Person in Charge)*

Print Name: Nicholas Bologna