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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jennifer B. Hancock Date: 10/5/23 Time: 1:30PM

Location Address: 761 Mather ST, Suffield, CT 06078 Telephone #: 860-508-2018

e-mail address: Jenniferbethhancock@yahoo.com License #: 53610 Expiration Date: 11/30/24

Capacity: 6+3 # of Children Present: 6 # 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 Jennifer Hancock

Purpose of visit: Follow-up for BCIS for New household Member

Observations/Corrections needed:

(S) #17 Medical Statement for New household Member NOT available

(S) #21 Observed Provider is NOT in Compliance with BCIS. New household Member NOT showing on BCIS System.

(NS) #53 Observed enrolmeT forms Completed and filed.

(NS) #56 Observed Emergency Permission are Completed for all Children enrolled

(NS) #57 Observed Authorized Release forms are Signed and Completed accordingly for all Children.

(NS) #58 Observed Transportation Permission are Completed for all children and available for OEC Specialist.

(NS) #59 Observed Swimming Permission are Signed for all children enrolled and available for OEC Specialist.

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: 10/19/23

Signature: _____ *(OEC Representative)*

Print Name: Jenny Ferreira

Signature: _____ *(Person in Charge)*

Print Name: Jennifer Hancock