

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jacqueline White Bell Date: 9/8/23 Time: 8:30
Location Address: 14 Moore Ave, East Hartford Telephone #: 860-897-5225
e-mail address: jackie1blessing@yahoo.com License #: 56844 Expiration Date: 8/31/24
Capacity: 6+3 # of Children Present: _____ # 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: <u>Jacqueline White Bell</u>
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Purpose of visit: Follow Up to Safe Sleep

Observations/Corrections needed:

Hole in the mesh of Pack-N-Play has been repaired
Discussed safe sleep.

#21 - Pending - Background check in progress

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jannie Thornton
OEC Representative
Jannie Thornton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Jacqueline White Bell
(Person in Charge)
Jacqueline White Bell

