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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NANCY SECOR Date: 2·20·24 Time: ——

Location Address: 188 LONETOWN RD. REDDING 06896 Telephone #: ——

e-mail address: nancysecor@att.net License #: 53195 Expiration Date: 7·31·26

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

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*** Emailed to provider on 2.20.24

Purpose of visit: Addendum to Follow-Up visit Conducted on 2·14·24 for Supervision and Protected water.

Observations/Corrections needed:

Licensing Specialist neglected to note on follow-up that Compliance was observed during the visit on 2·14·24 with Supervision. LS observed provider signal bus driver from her window notifying driver that provider was on site and able to recieve the child. Child departed bus, climbed driveway and entered the home through the garage. This system allows the provider to stay inside with the other children.

Provider is to notify OEC of any changes made to this routine

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: N/A

Signature: ——— *(OEC Representative)*

Print Name: PATRICIA A. MCBURSKI

Signature: emailed to provider *(Person in Charge)*

Print Name: on 2.20.24