

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner at Farm Hill Date: 6.8.22 Time: 3:39

Location Address: 390 Ridge Rd Middletown Telephone #: 860.347.9010

e-mail address: msteadman@midymca.org License #: 13912 Expiration Date: 3.31.25

Capacity: 50 # of Children Present: 22 # of Staff Present: 3

| | |
|--|---|
| 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 _____ |
|--|---|

Purpose of visit: Follow-up to inspection dated 5.12.22

Observations/Corrections needed:

OK #145 Ratio: Observed 3 staff and 22 children. Program staff maintained proper staff to child ratios.

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: Jennifer Sena
(OEC Representative) Jen Sena

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: - na

Signature: Jim Clark
(Person in Charge) Zreinu Clark