

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ann Gilnock Date: 6.21.22 Time: 9:50 AM

Location Address: 85 Margaret Ln. Glastenbury Telephone #: 860 633 0416

e-mail address: agilnock@gmail.com License #: 57175 Expiration Date: 4.30.23

Capacity: 603 # of Children Present: 5 # of Staff Present: 1

**Consent to Inspect**   *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.*  
**Family Child Care Home**   *Provider/Applicant/Substitute's Signature* Ann Gilnock

Purpose of visit: Follow Up to check Capacity which was cited at Full on 6.14.22

Observations/Corrections needed:  
Observed Compliance with Ra-87b-5(4) Capacity during Follow up visit.

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: NO CORRECTIONS

Signature: [Signature]  
(OEC Representative)  
Print Name: Patricia A. Tyburzki

Signature: [Signature]  
(Person in Charge)  
Print Name: Ann Gilnock