

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ann Gilnack Date: 10-7-22 Time: 12:30pm

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

e-mail address: agilnack@gmail.com License #: 57175 Expiration Date: 4-30-23

Capacity: 603 # of Children Present: 4 # 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 A. Gilnack

Purpose of visit: Partial Inspection for Capacity cited at Full Inspection on 6-14-22 and found in compliance at Follow Up on 6-21-22

Observations/Corrections needed:

Observed Compliance - was found at this partial inspection for Capacity only 4 children were in care.

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: [Signature]  
(OEC Representative)  
Print Name: Kenneth J. Rykowski  
Signature: [Signature]  
(Person in Charge)  
Print Name: Ann Gilnack