

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Korner at Belkfield School      Date: 2.23.23 Time: 7:30

Location Address: 70 Maynard St. Middletown      Telephone #: 959-237-2868

e-mail address: bmarini@midymca.org      License #: 13114      Expiration Date: 3-31-26

Capacity: 50      # of Children Present: 7      # of Staff Present: 2

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Follow up to Inspection dated 2-15-23

Observations/Corrections needed:

OK #18b Background checks - Observed current status for 1 staff present and work supervised status for one staff present

OK #20 Two staff present: upon arrival observed two staff present, with 7 children.

**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 Seve Jen Seve  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -na-

Signature: Jacob Shoup Jacob Shoup  
(Person in Charge)