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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kid's Korner at Glidersleeve School Date: 3-30-23 Time: —

Location Address: 565 main St. Portland Telephone #: 860-342-1573

e-mail address: bmarini@midymca.org License #: 705-78 Expiration Date: 9-30-24

Capacity: 56 # 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*** NA

Purpose of visit: Addendum to 3-7-23 Inspection

Observations/Corrections needed:

#18b - In compliance

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: NA

Signature: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

Signature: e-mailed on 3-30-23
(Person in Charge)
Print Name: —