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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Klub Kid Date: 9/30/21 Time: 12:40

Location Address: 286 Naubuc Ave, Glastonbury Telephone #: (860) 633-7772

e-mail address: karen@klubkidinc.com License #: 16120 Expiration Date: 2/28/25

Capacity: 40/13 # of Children Present: 21 # of Staff Present: 6

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*** n/a

Purpose of visit: Supervision Follow-up

Observations/Corrections needed:

No supervision violations at this 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: n/a

Signature: Erin Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Karen Yorsh
(Person in Charge)

Print Name: Karen Yorsh