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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Clubhouse Date: 10/15/21 Time: 8:30

Location Address: 1 Salmon Brook St., Granby Telephone #: 860-653-0011

e-mail address: yesmam17@hotmail.com License #: 70401 Expiration Date: 3/31/22

Capacity: 97 # of Children Present: 20 # of Staff Present: 6+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*** _____

Purpose of visit: Follow up to 9/2/21 inspection.

Observations/Corrections needed:

Follow up to check CAP items.

#1 - Local health. 9/8/21 ✓ #13 - Plans posted ✓

#4 - Behavior management ✓ #23 - Director training

#12 - menu posted ✓ #5 - Compliant ✓

#26 - Consultant agreements

#38 - Care plan signed. ✓ #45 - Compliant ✓

#65 - Ventilation fan observed. ✓ #66 - Compliant ✓

#69 - Compliant. ✓ #84 - Compliant - ✓

#89 - Compliant / posted and to be put in the handbook.

#138 - Compliant #119 - Compliant

(#88) - Woodchips less than 8" under some climbers.

#113, 119, 133 - Compliant

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: 10/29/21

Signature: Linda Moylan (OEC Representative)

Print Name: Linda Moylan

Signature: Dawn Meegan (Person in Charge)

Print Name: Dawn Meegan