

Initial Unannounced Full Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Klub Kid Date: 12/20/21 Time: 2:20

Location Address: 286 Naubuc Ave, Glastonbury Telephone #: (800) 633-7772

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

Capacity: 40/13 # of Children Present: 24 # of Staff Present: 0

Consent to Inspect Family Child Care Home	<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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: supervision partial

Observations/Corrections needed:

NO supervision concerns at this visit. 14:2

_____ 8:2

_____ 2:1

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: *Eric Waight*
(OEC Representative)
Print Name: Eric Waight

Signature: *Karen Yaski*
(Person in Charge)
Print Name: Karen Yaski