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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Clubhouse Date: 9/23/22 Time: 8:00

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

e-mail address: yesmam17@hotmail.com (Granby) License#: 70401 Expiration Date: 3/31/26

Capacity: 97 # of Children Present: 20 # 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*** _____

Purpose of visit: Follow up to 9/13/22 full inspection.

Observations/Corrections needed:

Check all CAP items.

7- Staff records -

12- Menus - compliant

41- Observed compliant.

43- Discussed and observed.

(45) Observed sinks soiled,

54, 64, 67, 75, 89, 90, 114, 119, 132, 113- observed compliant & discussed.

7- Staff sign in - compliant, discussed

18-B- Compliant

102- Authorization form

(129)- Observed infant asleep in swing.

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: Linda Moylan (OEC Representative)
Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/7/22

Signature: _____ *(Person in Charge)*