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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Clubhouse Date: 11/1/22 Time: _____

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

e-mail address: yesmami9@hotmail.com (Granby) License #: 70401 Expiration Date: 3/31/26

Capacity: 97 # of Children Present: 45 # of Staff Present: 11+2

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 9/23/22

Observations/Corrections needed:

Follow up to check safe steps compliance.

Observed compliance with safe steps.

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: N/A

Signature: _____
(Person in Charge)