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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning and Day Care Date: FM 8/12/22 Time: 8:05am

Location Address: 270 Center St West Haven Telephone #: 203-937-0899

e-mail address: kidsclubseymour@gmail.com License #: 15120 Expiration Date: 2/28/25

Capacity: 53 # of Children Present: 2 # of Staff Present: 3

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*** NA

Purpose of visit: follow up inspection to inspection dated 11/30/22

Observations/Corrections needed:

18b- program in compliance at this visit with background checks

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: NA

Signature: FMontanye
(OEC Representative)
Print Name: Fi Montanye

Signature: Gilbey DeGreco
(Person in Charge)
Print Name: Gilbey DeGreco