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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Clubhouse Date: 6/2/23 Time: 9:10

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

e-mail address: yesmanor7@hotmail.com (Granby) License #: 70401 Expiration Date: 3/31/26

Capacity: ~~53~~ 97 # of Children Present: 44 # of Staff Present: 16+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 5/17/23 full inspection.

Observations/Corrections needed:

Check CAP items. - Change inspection pending all approvals for change of use in 2 rooms. Observed health approval.

Observed CAP items to be compliant.

Discussed diaper pail/cover.

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: 6/16/23

Signature: Linda Moylan
(OEC Representative)
Print Name: Linda Moylan

Signature: _____
(Person in Charge)
Print Name: Michelle Mullin