

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning + Daycare Date: 7/31/23 Time: 3:45

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

e-mail address: Kidsclubseymour@gmail.com License #: 15/20 Expiration Date: 2/28/25

Capacity: 53/8 # of Children Present: 23 # of Staff Present: 5

**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: Investigation 2023-576 follow-up from 7/10/23

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(A) Ratios - ratios were in compliance at time of visit

(S) 19a-79-10(c)(3) Under 3 group size - observed several children under 3 years of age on playground with a total of 19 children. No barriers observed.

(NS) 19a-79-10(j) Held for bottle feedings - not observed.

(S) 19a-79-7a(e)(9) Lighting - lights in bathroom with 3 toilets are not working. Light in a single bathroom do not turn on easily - switch flickers the light but light does not remain on.

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: 8/14/2023

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Elizabeth Heon
(Person in Charge)

Print Name: Elizabeth Heon