

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning + Daycare Date: 8/7/23 Time: 12:15

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

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

Capacity: 53/8 # of Children Present: 29 # of Staff Present: 8

**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 visit for 2023-576 (7/10/23 ; 7/31/23)

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(A) Ratios

NS 19a-79-10(c)(3) Under 3 endorsement, group size -

Operator was in compliance w/ group size + ratio at this visit.

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: N/A

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Gilbert Pulver  
(Person in Charge)

Print Name: Gilbert Pulver