

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cub Academy Date: 12/5/24 Time: 11:30 AM

Location Address: 316 N Main St. Southington Telephone #: 810 276 0123

e-mail address: Jaclyn@SouthingtonCubAcademy.com License #: 70538 Expiration Date: 2/29/28

Capacity: 48/32 # of Children Present: 28 # of Staff Present: 7

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature	<u>N/A</u>

Purpose of visit: Complaint Investigation 2024-1249

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Managing Child behaviors - Staff failed to appropriately manage a child's behavior when she was seen on video grabbing a child by the arm to get him to stop running in the classroom.

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: 12/19/24

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Jaclyn Kish