

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kids Club Learning and Day Care Center Date: 1/9/25 Time: _____

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

e-mail address: kidsclubseymour@gmail.com License #: 15120 Expiration Date: 2/28/29

Capacity: 53 # of Children Present: 22 # of Staff Present: 6

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Follow up from 12/22/24 inspection:
Supervision

Observations/Corrections needed:

#28(d)(4)(D) supervision all set/in compliance 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: NA

Signature: [Signature]
(OEC Representative)

Print Name: Fil Montanye

Signature: [Signature]
(Person in Charge)

Print Name: Gibbey DeGrego