

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KIDS Club Learning + Day Care Date: 1/27/25 Time: 12pm

Location Address: 270 Center Street West Haven Telephone #: (203) 937-0889

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

Capacity: 53/8 # of Children Present: 24 # of Staff Present: 6

**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: Co-monitoring (2nd)

Observations/Corrections needed:

PIC Gilbey Delgrico - Director

(NS) #8a - Program met w/ and contracted w/ CQIS For Assistance w/ reviews, development and implementation of written policies. Contract w/ CQIS has expire August 2024.

(NS) #8b - OEC observed implemented written policies that were reviewed and approved by CQIS.

(NS) #8c OEC reviewed programs revised/approved written policies pertaining to Procedures for opening/closing centers, playground and closing procedures;

(NS) #9 OEC observed documentation/emails of CQIS having reviewed CO.

(NS) #10 Director completed 3 credit hour administrative course.

(NS) #11 - Program paid civil Penalty

S = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valeen Williams  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Gilbey Delgrico  
(Person in Charge)