

2024-9-75

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Boys + Girls club Date: 1/29/25 Time: 8:15 am

Location Address: 15 Lincoln Street Mendon, CT 06451 Telephone #: 203-235-8185

e-mail address: lgraham@bgcmendon.org License #: 70724 Expiration Date: 8/31/27

Capacity: 200 # of Children Present: 3 # of Staff Present: 2

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: 3- Month Partice

Observations/Corrections needed:

PIC Nicola Nicholson - Director

(NS) 19a-79-4a(d)(2) - Staffing and Consultants - Two Staff Present -
OEC observed two staff present during visit while children were
present

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: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Nhs

Signature: [Signature]
(Person in Charge)
f Nicola Nicholson