

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cub Academy Date: 2/28/25 Time: 9:45
Location Address: 316 N. Main St. Suite 1 Southington Telephone #: 860 276-0123
e-mail address: jaelyn@southingtoncubacademy.com License #: 70538 Expiration Date: 2/29/28
Capacity: 55/34 # of Children Present: 38/26 # of Staff Present: 8+

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation 2025-179

Observations/Corrections needed:

(P) 19a-79-5a(a)(3)^(A) Injury reports
(P) 19a-79-5a(a)(3)(B) - Parent notification of injury

Pending completion of interviews.

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: Karen Hicks Karon Hicks
(OEC Representative)

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

Signature: Jaelyn Kish Jaelyn Kish
(Person in Charge)