

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cub Academy Date: 3.7.25 Time: 1:45 am

Location Address: 316 North Main St. Telephone #: 860-276-0123

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

Capacity: 55/34 # of Children Present: 32 # of Staff Present: 10

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>n/a</u>
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Purpose of visit: safe sleep partial

Observations/Corrections needed:

* NO violations

Discussed: safe sleep policy to be posted | parents informed

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: n/a

Signature: Betty mayer
(OEC Representative)
Print Name: Betty Mayer
Signature: Jaclyn Kish
(Person in Charge)
Print Name: Jaclyn Kish