

2025-267

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kiddie Club House Date: 4/9/25 Time: 12:00

Location Address: 900 Village Walk Guilford, CT 06437 Telephone #: 203-533-5263

e-mail address: kiddieclubhouse123@gmail.com License #: 70923 Expiration Date: 7/31/26

Capacity: 80/48 # of Children Present: 70 # of Staff Present: 16

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: Case 2025-267 follow-up

Observations/Corrections needed:

Pic Kevin Fowler - Director

* (NS) 19a-79-4a(d)4(D) - Staffing and Consultant - Supervision - There was insufficient evidence to support that Program was not adhering to the Sponsored Policy

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: [Signature]

Signature: [Signature]
(OEC Representative)
Print Name: Valecia Williams

Signature: [Signature]
(Person in Charge)
Print Name: Kevin Fowler