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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center (Town) Date: 8/6/21 Time: 2:25pm

Location Address: 158 Westbrook Rd. Essex, CT 06426 Telephone #: 860 767-1072

e-mail address: essex@kindercare.com License #: 12375 Expiration Date: 3/31/2025

Capacity: 76 (US 36) # of Children Present: 29 # of Staff Present: 7+

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*** N/A

Purpose of visit: Follow up Case # 2021-434 Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at the time of the visit.

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: _____ (OEC Representative)

Print Name: Stephanie Pico

Signature: _____ (Person in Charge)

Print Name: Tracy Gibb