

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 10/5/21 Time: 11:45<sup>AM</sup>

Location Address: 39 Wellington Rd Milford Telephone #: 203 876 2796

e-mail address: Milfordct@Kindercare.com License #: 15794 Expiration Date: 7/31/22

Capacity: 164/164 # of Children Present: 47 # of Staff Present: 11

<b>Consent to Inspect</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
<b>Family Child Care Home</b>	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Consent Order Monitor #1 -

Observations/Corrections needed:

NS Condition #8 - Policy was re-written and includes all the requirements. All documentation is on site.

NS Condition #9 - Education consultants coming monthly and providing written feedback with recommendations. Program has complied with all recommendations and the documentation is on site.

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: [Signature]  
(OEC Representative)

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

Signature: [Signature]  
(Person in Charge)