

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 10/5/21 Time: 11:45^{am}

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

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

Capacity: 114/104 # of Children Present: 47 # of Staff Present: 12

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

Purpose of visit: Partial for case 2021-229

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - walk through
conducted - No violations.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Debbie Morales