

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 1/18/22 Time: 10:45^{AM}

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: 38 # of Staff Present: 9

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 <u>N/A</u>
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Purpose of visit: Consent Order Monitor #2

Observations/Corrections needed:

NS Condition #8 - In compliance.

NS Condition #9 - Education consultant still coming bi-monthly, conducting observations and program documentation all 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.

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

Signature: [Signature]
(OEC Representative)
Lauren Hill

Signature: [Signature]
(Person in Charge)
Debbie Morales