

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center #300767 Date: 3/2/22 Time: 8:58

Location Address: 70 A Washington Av North Haven, Ct 06473 Telephone #: 203-239-7474

e-mail address: 300767@kicorp.com License #: 13010 Expiration Date: 1/31/26

Capacity: 76 (36v) # of Children Present: 49 (25v) # of Staff Present: 12

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow up on ratio and group size.

Observations/Corrections needed:

19a-79-10(c)(2): Ratio Upon arrival, 1 staff was in the preschool room leaving 6 children under the age of three with 1 staff

19a-79-10(c)(3) Group size. Observed 11 children under three in toddler classroom.

19a-79-10(c)(3): Safe Sleep: Observed infant covered with blanket in infant room

19a-79-10(c)(4): Barrier: Observed no barrier separating group of 8 children (toddler room)

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: 3/16/22

Signature: [Signature]

(OEC Representative)  
Print Name: Johanne Dulo

Signature: [Signature]

(Person in Charge)  
Print Name: Madeline Hendricks