☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center 301027 Date: 2/28/22 Time: 9:32 am

Location Address: 146 Berlin Rd. Cromwell, CT Telephone #: 860 613-2263

e-mail address: rasya.brown@kindercare.com License #: 15539 Expiration Date: 11/30/2024

Capacity: 144 (4356) # of Children Present: 63 (4343) # of Staff Present: 14

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*** RB

Purpose of visit: Self Reported Incident 2022-106

Observations/Corrections needed:

(NS) 19a-79-3a(d)(1) Administration - General operating policies - Incident reporting - Insufficient evidence to substantiate that the program failed to document and address concerns of a child allegedly threatening another child. Observed incident report and documentation.

(S) 19a-79-3a(b)(8)(E) Administration - Reporting abuse or neglect Administration learned of a second incident that occurred 6 months ago. Past administration failed to report incident to DCF within the 12 hr mandated reporting timeframe.

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: 3/14/22

Signature: _____ *(OEC Representative)*

Print Name: Stephenie Ross

Signature: _____ *(Person in Charge)*

Print Name: Rasya Brown