

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 301810 Date: 3/4/22 Time: 9:35am

Location Address: 110 Miles Drive Wallingford, CT 06492 Telephone #: 203 269-7730

e-mail address: lindsay.schmidt@kindercare.com License #: 16193 Expiration Date: 12/31/2025

Capacity: 144^{u3 64} # of Children Present: 38 # of Staff Present: 8

**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 N/A

Purpose of visit: Self reported incident case # 2022-114

Observations/Corrections needed:

(S) 19a-79-3a(a): Administration - Ensure the safety, health and development of the child - Program failed to ensure the health, safety and development of a child when staff accidentally served an infant a bottle of breast milk belonging to another child.

(S) 19a-79-3a(d)(7): Administration - General operating policies - ^{Bottle}feeding - Staff failed to effectively impliment the infant bottle feeding policy when the child's name on ^{of milk}bag was not verified to match the correct child before feeding the bottle.

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: 3/18/2022

Signature: Stephanie Pia

(OEC Representative)

Print Name: Stephanie Pia

Signature: Lindsay Schmidt

(Person in Charge)

Print Name: Lindsay Schmidt