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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 3-10-22 Time: 11:30

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

e-mail address: ra549.brown@kindercare.com License #: 15539 Expiration Date: 11-30-24

Capacity: 164 # of Children Present: 58 # of Staff Present: 13

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*** _____

Purpose of visit: Case # 2022-132

Observations/Corrections needed:

P 19a-79-3a(b)(7) - new hire orientation

P 19a-79-4a(e)(4)(B) - mixed age groups

P 19a-79-4a(e)(3)(A) - staff personal qualities

All regulations pending investigation

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: —

Signature: _____ *(OEC Representative)*

Print Name: Kevin Eddy

Signature: _____ *(Person in Charge)*

Print Name: Alba E. Lopez