

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 300767 Date: 4/7/22 Time: 8:45

Location Address: 70A Washington Av. North Haven, CT 06473 Telephone #: 203-239-7414

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

Capacity: 76 36↓ # of Children Present: 44 20↓ # of Staff Present: 11

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 _____
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Purpose of visit: Follow up on ratio, group size, barrier and safe sleep

Observations/Corrections needed:

19a-79-10(c)(2): Ratio: In compliance at time of visit

19a-79-10(c)(3): Group Size: In compliance at time of visit

19a-79-10(c)(4): Barrier: In compliance at time of visit

19a-79-10(g)(3): Safe Sleep: In compliance at time of visit

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: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)
Print Name: Madeline C Hendrick