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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center 07012 Date: 3/15/22 Time: 1:45pm

Location Address: 159 Westbrook Rd. Essex, CT 06426 Telephone #: 860 767-1072

e-mail address: daisy.farrugia@kindercare.com License #: 12375 Expiration Date: 3/31/25

Capacity: 70 U340 # of Children Present: 35 # of Staff Present: 9

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 # 2022-143

Observations/Corrections needed:

(S) 19a-79-5a(a)(3) Record keeping - Accident report Program failed to complete accident report and supply to the child's parent no later than the next business day, for a child that presented with an injured shoulder after playground play.

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: 3/29/22

Signature: _____ (OEC Representative)

Print Name: Stephanie Rios

Signature: _____ (Person in Charge)

Print Name: Daisy Farrugia