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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center 07012 Date: 11/3/21 Time: 3:32pm

Location Address: 158 Westbrook Rd. Essex, CT 06426 Telephone #: 860 767-1078

e-mail address: essex@kindercare.edu License #: 12375 Expiration Date: 3/31/25

Capacity: 70 (43 90) # of Children Present: 38 (43 2) # 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: Partial Inspection Supervision

Observations/Corrections needed:

Observed 5:50 compliance with supervision regulations at the time of the 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.

Signature: [signature] *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Stephanie Pica [signature] *(Person in Charge)*

Kimberly Armeno