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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 6-9-22 Time: 10

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

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

Capacity: 164 # of Children Present: 56 # of Staff Present: 12

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: 3 month follow up for case 2022-132

Observations/Corrections needed:

NS 19a.79-4a(k)(4)(D): observed proper supervision and ratios in all classrooms and outside. 3 extra staff on site to assist as needed.

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: Rasya Brown *(Person in Charge)*

Print Name: Rasya Brown