

2022-391

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 300767 Date: 6/13/22 Time: 8:45 am

Location Address: 70A Washington Ave. North Haven CT Telephone #: 203-239-7979

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

Capacity: 81/3 # of Children Present: 43 # of Staff Present: 10

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint/Investigation 2022-391

Observations/Corrections needed:

PIC Madeline Hendricks - Director

(NS) 19a-79-10(c)(2) Under Three Endorsement-Ratios Program was in appropriate staff/child ratio during visit.

(NS) 19a-79-4a(c)(4)(D) Staffing - Supervision - Per Director, staff assure the supervision of the children at all times.

(NS) 19a-79-3a(d)(2)(A) Administrative - Policies + Procedures - Per director, program has been adhering to their policy regarding to Discipline and Behavior management. (Persistent inappropriate behavior)

(S) 19a-79-3a(a) Record Keeping - OEC did not observe a file for a child enrolled at program

TA - Ensuring all children enrolled have a file on site. Half door to kitchen needs to be closed or inoperable to children at all times

(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: 6/28/22

Signature: Valecia Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: Madeline Hendricks
(Person in Charge)

Print Name: Madeline Hendricks