

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 8/31/2022 Time: 2:40pm

Location Address: 30 Nutmeg Ln Glastonbury, CT Telephone #: 860 652-9310

e-mail address: jfarrell@kindercare.com License #: 15356 Expiration Date: 8/31/25

Capacity: 172⁴³⁷² # of Children Present: 103 # of Staff Present: 14

**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 PIA

Purpose of visit: Follow up - Ratio / Group size - Safe Sleep

Observations/Corrections needed:

Observed compliance with safe sleep and group size regulations at the time of the visit.

(S) 19a-79-10 (c) (2) Under three-ratio - Observed 1 teacher with 8 ^{toddler} infants^{sp}, with multiple children awake at nap time.

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: 9/14/2022

Signature: [Signature]

(OEC Representative)

Print Name: Stephanie PIA

Signature: [Signature]

(Person in Charge)

Print Name: Jennifer Farrell