

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center #300767 Date: 11/10/22 Time: 8:45

Location Address: 70A Washington Av North Haven CT 06473 Telephone #: 203-239-7474

e-mail address: 300767@kcorp.com License #: 13010 Expiration Date: 1/31/26

Capacity: 81 # of Children Present: 34 # of Staff Present: 12+

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial Inspection for Ratio Group Size and Safe Sleep.

Observations/Corrections needed:

No violations observed at time of visit

Discussed

- Background checks
- Temperature in classrooms
- Discussion regarding converting multi-age classroom to an under three classroom

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: [Signature]
(OEC Representative)

Print Name: Johanne Dato

Signature: [Signature]
(Person in Charge)

Print Name: Madeline Hendricks