

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Centers Date: 12/12/22 Time: 2:45

Location Address: 304 Elm St. Monroe, CT Telephone #: 203-445-9548

e-mail address: Adarvy@kindercare.com License #: 15793 Expiration Date: 7/31/24

Capacity: 161/147 # of Children Present: 73 # of Staff Present: 15(1)

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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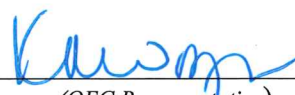
Purpose of visit: follow up on ratio

Observations/Corrections needed:

<u>In Compliance today</u>	<u>8:2</u>
	<u>4:1</u>
	<u>10:1</u>
	<u>7:2</u>
	<u>4:1</u>
	<u>7:1</u>
	<u>8:2</u>
	<u>4:1</u>
	<u>P:1</u>
	<u>6:2</u>
	<u>7:2</u>

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:  Kristin Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: 
(Person in Charge)