

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 1/19/23 Time: 8:50

Location Address: 39 Wellington Rd. Milford Telephone #: 203 876-2796

e-mail address: debbie.morales@kindercare.com License #: 15794 Expiration Date: 7/31/26

Capacity: 104/64 # of Children Present: 38 # 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: Investigation 2023-38 self-report

Observations/Corrections needed:

(NS) 19a-79-4a(a)(3) Staff training - observed documentation of orientation and policy training on child behavior management.

(S) 19a-79-3a(b)(8)(A) Manage child behaviors - staff failed to use developmentally appropriate techniques to manage child behavior when she was physically tapping at and pulling a child by the wrist.

(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: 2/2/2023

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Debbie Morales  
(Person in Charge)

Print Name: Debbie Morales