

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KinderCare Learning center # 301556 Date: 2/9/23 Time: 1:10

Location Address: 30 Nutmeg Ln, Graftonbury Telephone #: (860) 652-9310

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

Capacity: 168/88 # of Children Present: 86 # of Staff Present: 17

**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 N/A

Purpose of visit: Follow-up to 11/29/22

Observations/Corrections needed:

2. orientation: OK ✓

(4) Behavior management: observed 3 files without behavior management discussion

5. Notification of change: OK ✓

9. Fire marshal certificate: OK ✓

11. Food service certificate: OK ✓

12. Menus: OK ✓

16. staff physical: OK ✓

17. Professional development: program will comply 2023 year with 1% and documentation

(32) Enrollment: 5 child files missing complete parent work information

(33) Emergency permission: Incomplete in 4 child files

(37) child health records: observed 3 with incomplete TB risk assessment

(45) Licensed premise: Toilet capacity in preschool C

56. Exits unobstructed: OK ✓

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: E. Wraight
(OEC Representative) E. Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/23/23

Signature: [Signature]
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning center License # 15356 Date: 2/9/23

Observations/Corrections needed:

76. Hazardous substances: OK ✓74. Lighting: Lighting below 50 candle feet in multi Age 1 (writing table, Library).99. Diaper creams: OK ✓102. medication authorization: Epi-Pen [Benadryl] authorization start/end date was completed by program -not doctor, APRN, PA, RN103. medication Labels: OK ✓104. Expired medication: OK ✓88. impact material: OK ✓110. Ratio: OK ✓111. Group size: OK ✓19a-79-4a(b): observed 9 staff without current background checks. staff cannot continue to work until in work supervised or current status. Plan to operate to be submitted by end of day.

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Signature: Eunnaught
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)OEC BY: 2/23/23