

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center - 301556 Date: 2/14/23 Time: 10:20

Location Address: 30 Nutmeg Ln Glastonbury CT 06033 Telephone #: 860-652-9310

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

Capacity: 168 (88) # of Children Present: 97 (42) # of Staff Present: 19+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Background checks follow up from inspection conducted 2/9/23

Observations/Corrections needed:

Ma-79-4a(b): Observed 5 staff without background checks and working with children and per attendance on 2/13 11 staff without background checks and working with children.

Ma-79-3a(a): Program failed to ensure the health and safety of the children when program allowed 13 staff without background checks to work with children on 2/13/23 and 2/14/23

* Program has to provide a plan on how they will operate tomorrow with staff schedule email: johanne.dalo@ct.gov

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: 2/14/23

Signature: [Signature]

(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]

(Person in Charge)

Print Name: Jennifer Farrell