☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center #301556 Date: 2/15/23 Time: 11:00

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: 93 (35↓) # of Staff Present: 14+

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: Follow up on Background Checks

Observations/Corrections needed:

19a-79-4a(6): In Compliance at time of visit.

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: _____ *(OEC Representative)*

Print Name: Johanne Dato

Signature: _____ *(Person in Charge)*

Print Name: Jennifer Farrell