

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center   Date: 2/16/23   Time: 8:45

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: 164/64   # of Children Present: 39   # of Staff Present: 11+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Investigation 2023-129 self-report

Observations/Corrections needed:

(P) Implement policies 19a-79-3a(d)(2)(A) - pending completion of interviews

Discussed: maintaining carpets + floors - require a good vacuuming.

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: N/A.

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Debbie Morales  
(Person in Charge)

Print Name: Debbie Morales