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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center 07012 Date: 2/3/23 Time: 1:45 pm

Location Address: 158 Westbrook Rd. Essex, CT 06426 Telephone #: (860) 767 1072

e-mail address: daisy.farrugia@kindercare.com License #: 1237- Expiration Date: 3/31/2025

Capacity: 70 (130) # of Children Present: 37 (49) # of Staff Present: 9

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- Supervision

Observations/Corrections needed:

Observed compliance with supervision regulations at time of the 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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Stephanie Pia

Signature: _____ *(Person in Charge)*

Print Name: Daisy Farrugia