

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center #300767 Date: 3/15/23 Time: 10:10  
Location Address: 70 A Washington Ave North Haven Ct Telephone #: 203-239-7474  
e-mail address: 300767@kicorp.com License #: 13010 Expiration Date: 1/31/26  
Capacity: 81 (36) # of Children Present: 47 (27) # of Staff Present: 14

**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: Follow-up inspection for Safe Sleep

Observations/Corrections needed:

19a-79-10(g)(3) Safe Sleep: 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: [Signature]  
(OEC Representative)  
Print Name: Johanne Dabo

Signature: [Signature]  
(Person in Charge)  
Print Name: Madeline C Hendricks