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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KinderCare Ed Learning Center 070012 Date: 4/11/23 Time: 11:55 am

Location Address: 158 Westbrook Rd. Essex, CT 06426 Telephone #: (860) 767-1078

e-mail address: daisy.farrugia@kindercare.com License #: 12375 Expiration Date: 3/31/25

Capacity: 70 (was 40) # of Children Present: ~~32~~ 40 # 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 the 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: Stephanie Pic *(OEC Representative)*

Print Name: Stephanie Pic

Signature: _____ *(Person in Charge)*

Print Name: Daisy Farrug