

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Ctr Date: 4-6-23 Time: 11:30
Location Address: 143 Pascone Pl., Newington Telephone #: 860-665-0729
e-mail address: newington@kindercare.com License #: 13765 Expiration Date: 1-31-25
Capacity: 113 # of Children Present: 85 # of Staff Present: 20

**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 case # 2023-236

Observations/Corrections needed:

NS 19a.79.4g (c)(4)(D) - supervision - observed proper supervision and ratios 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] Kevin Eddy
(OEC Representative)

Signature: [Signature]
(Person in Charge)
Eridia Lopez