

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center   Date: 3-28-23   Time: 9:40

Location Address: 143 Pascone Pl, Newington   Telephone #: 865-665-0729

e-mail address: newington@kindercare.com   License #: 13765   Expiration Date: 1-31-25

Capacity: 113   # of Children Present: 90   # of Staff Present: 20

<b>Consent to Inspect 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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Case 2023-236

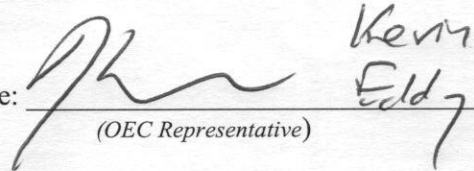
**Observations/Corrections needed:**

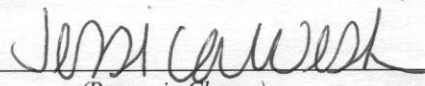
S- 19a.79.4(c)(4)(D) - supervision - a child was left  
unsupervised when she came inside without  
staff's knowledge.

**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: 4-11-23

Signature:   
(OEC Representative)

Signature:   
(Person in Charge)  
Jessica Wesh