

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 4/13/23 Time: 9:10

Location Address: 174 Old Hawleyville Rd. Bethel Telephone #: 203 792-6991

e-mail address: Wendy.mitchell@kindercare.com License #: 13727 Expiration Date: 3/31/25

Capacity: 133 # of Children Present: 66 # of Staff Present: 13

Consent to Inspect Family Child Care Home	<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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Follow Up

Observations/Corrections needed:

Ratio's in compliance during visit. Reviewed
ratio's with staff per director. staff no longer
employed in that classroom

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin
Signature: Wendy Mitchell
(Person in Charge)
Print Name: Wendy Mitchell