

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Lng Center Date: 9/3/23 Time: 11:45

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

e-mail address: 301381@KICorp.com License #: 13727 Expiration Date: 3/31/25

Capacity: 133/55 # of Children Present: 72 # of Staff Present: 13

<b>Consent to Inspect</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
<b>Family Child Care Home</b>	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Follow-up Case 2023-309

Observations/Corrections needed:

NS) 9a-79-4a(c)(4)(D) - Staffing Supervision - Walk through conducted -  
No violations at this 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: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Amanda Frederic