

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Centers Date: 6/30/23 Time: 12:00  
Location Address: 1 Trap Falls Rd Shelton Telephone #: 203 944-0104  
e-mail address: shelton@kindecare.com License #: 16021 Expiration Date: 3/31/26  
Capacity: 164/64 # of Children Present: 51 # of Staff Present: 12+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Investigation 2023-567

Observations/Corrections needed:

(NS) 19a-79-59(a)(3) Injury, illness reports - operator provided evidence of having injury report for ~~1~~ child signed by parent.

(NS) 19a-79-3a(d)(7) Operating policies - insufficient evidence to support a violation related to diapering of children.

~~NS~~ (NS) 19a-79-3a(d)(4) Sickness policy - insufficient evidence to support a regulatory violation related to sickness policy.

(S) 19a-79-10(e)(2) - Diaper table exclusive use - staff failed to keep diaper table clear when used lunch dishes were observed on the diaper table. Staff stated she was going to rinse them in the handwashing sink which should not be done according to 19a-79-10(d)(1)(B) Separate sinks for handwashing.

**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: 7/14/2023

Signature: Karen Hycks  
(OEC Representative)  
Print Name: Karen Hycks  
Signature: [Signature]  
(Person in Charge)  
Print Name: Corrie Lismake