

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 9/12/23 Time: 10:15am
Location Address: 481 Spring St, Manchester Telephone #: 860-646-1610
e-mail address: fmoylan@kindercare.com License #: 14308 Expiration Date: 2/31/25
Capacity: 145 # of Children Present: 77 # of Staff Present: 17

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 N/A

Purpose of visit: 2023-857

Observations/Corrections needed:

(Ns) 19a-79-3a (d) (8) (c) - There is insufficient evidence to support that the operator failed to implement their operating policies of supervision and discipline of staff.

(s) 19a-79-4a (c) (4) (D) - Staffing - Staff failed to supervise the children at all times while the children are outdoors. A child was left outside unsupervised for a period of time.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carlos Albizu
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/21/23

Signature: Fiona Moylan
(Person in Charge)