

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 4.4.24 Time: 10:24
Location Address: 110 Miles Dr. Wallingford 06492 Telephone #: 203 269 7730
e-mail address: 301810@Klcorp.com License #: 16193 Expiration Date: 12.31.25
Capacity: 144 # of Children Present: 91/90 # of Staff Present: 16

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 _____
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Purpose of visit: Investigation due to observation made during a follow-up inspection.

Observations/Corrections needed:

19a.79-3a(b)(8)(A) Administration; The staff failed to manage child behaviors using techniques based on developmentally ^{appropriate} practice when the staff was observed to have separated a child from the rest of the group, by preventing them from ~~the~~ leaving the children's bathroom. Staff member was observed sitting in a chair, against the bathroom door, with their back to child. Child was observed to be crying, visibly ~~up~~ ^{is} upset, and pushing on door trying to get out of the bathroom.

Above incident was observed by OEC staff and program head teacher during a walk through at follow up inspection on same day.

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: 4.18.24

Person in Charge sign: Sydney Ficker
print: Sydney Ficker

Signature: Jen Schulz
(OEC Representative)

Print Name: Jen Schulz

Signature: Patricia Kurbuski
(Person in Charge)

Print Name: PATRICIA KURBUSKI