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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ridgefield Kindercare Date: 12/16/24 Time: 10:00

Location Address: 35 Copps Hill Rd. Ridgefield Telephone #: 203 438-6118

e-mail address: mikayla.marinko@kindercare.com License #: 70740 Expiration Date: 12/31/27

Capacity: 112/72 # of Children Present: 36/23 # of Staff Present: 11

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*** _____

Purpose of visit: Investigation 2024-1272

Observations/Corrections needed:

(S) 19a-79-3a(b)(7)(A) Child behavior management - staff failed to use developmentally appropriate behavior management techniques in the classroom when it was observed that staff member hit a child on the hand - which is against the behavior management guidelines of the program.

(S) 19a-79-3a(d) Implement policies - staff failed to follow policies of program when staff member was on his cell phone regularly.

(NS) 19a-79-3a(b)(6) - Staff trained on policies - operator provided evidence of training staff member on policies/procedures of the program.

Discussed: safe sleep practice - child on stomach & patting child on back. Reinforce name to face + using Child Supervision Record.

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: 12/30/2024

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: M.M.
(Person in Charge)
Print Name: Mikayla Marinko