

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 6/10/25 Time: 8:30AM

Location Address: 30 Nutmay Ln Glastonbury Telephone #: 860 652 9310

e-mail address: \_\_\_\_\_ License #: 15356 Expiration Date: 8/31/25

Capacity: 108/88 # of Children Present: 94 # of Staff Present: 20

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

Purpose of visit: follow-up from inspection on 12/30/24  
for fence bowing

Observations/Corrections needed:  
Observed fence in between preschool/school aged  
playgrounds fixed and NA bowing

#111 - Observed outside ~~perimeter~~ <sup>(xxx)</sup> perimeter bowing fence  
in school aged in back, right corner of play  
ground. on bottom of fence, curled up

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: 6/24/25

Signature: Sha Kellen  
(OEC Representative)  
Print Name: PELLERMAN

Signature: Jennifer Farrell  
(Person in Charge)  
Print Name: Jennifer Farrell