

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 6/12/25 Time: 11:20

Location Address: 174 Old Hawleyville Rd. Bethel Telephone #: 203 792-6991

e-mail address: amanda.frederick@kindercare.com License #: 13727 Expiration Date: 3/31/29

Capacity: 133/56 # of Children Present: 70/31 # of Staff Present: 13+

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 2025-526 self-report

Observations/Corrections needed:

(NS) 19a-79-10(k)(1) Feeding schedule from parent - insufficient evidence to support a regulatory violation.

(NS) 19a-79-10(k)(5) Bottles labeled w/ child's name - observed all bottles labeled at time of inspection. Insufficient evidence to support a regulatory violation.

(S) 19a-79-3a(d) Implement program policies - regulation not met when staff member did not follow bottle feeding procedure. Staff failed to check name on bottle before feeding child and failed to have a second person confirm the correct bottle for the child prior to feeding; resulting in a child getting a bottle of breast milk that was not hers.

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: 6/26/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Amanda Frederick
(Person in Charge)

Print Name: Amanda Frederick