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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ridgefield Kindercare Date: 6/17/25 Time: 11:00 AM

Location Address: 35 Corpus Hill Rd. Telephone #: 203 438 6118

e-mail address: Mikayla.Mavinko@Kindercare.com License #: 70740 Expiration Date: 12/31/27

Capacity: 112/72 # of Children Present: 48/26 # of Staff Present: 10

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: Self report Case 2025-567

Observations/Corrections needed:

(NS) 19a-79-3a(b)(7)(A) - Administration - Managing child behaviors - No evidence that staff inappropriately managed a child's behaviors by hitting him.

(S) 19a-79-4a(d)(4) - Staffing - Ratios - Observed 11 children with 1 staff during walk through.

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: 7/1/25

Signature: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Mikayla Mavinko