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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ridgefield Kindercare Date: 7/22/25 Time: 10:00

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

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

Capacity: 112/72 # of Children Present: 46 7/23 # 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: follow up to case 2025-567

Observations/Corrections needed:

(NS) 9a-79.4a(d)(4)-Staffing - Ratio - Walk through conducted. No violations at this visit.

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: N/A

Signature: _____ (OEC Representative)

Print Name: Lauren Hall

Signature: _____ (Person in Charge)

Print Name: Mikayla Marinko