

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 5/16/25 Time: 12:10
Location Address: 1544 Byram Rd. Cheshire Telephone #: 203 574 2892
e-mail address: Mbaribault@Kindercare.com License #: 12200 Expiration Date: 12/31/28
Capacity: 67/32 # of Children Present: 45/20 # of Staff Present: 10

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 N/A

Purpose of visit: Complaint Investigation Case 2025-484

Observations/Corrections needed:

- (NS) 19a-79-3a(a) - Administration - Ensuring the health safety and development of children - No evidence that staff are not changing or cleaning a child after diapering as needed. No evidence that staff are not giving the children enough to eat or drink.
- (S) 19a-79-3a(d) - Administration - Program policies - Staff failed to notify the parents of a child who received a head injury while at the program.
- (NS) 19a-79-4a(d)(4)(D) - Staffing - Supervision - No evidence that staff are not supervising the children at all times or are on their phones while working with the children.

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: 5/30/25

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hall
Signature: [Signature]
(Person in Charge)
Print Name: Michele Baribault