

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kinderave Learning Center # 301 676 Date: 8/5/25 Time: 12:40 pm  
Location Address: 39 Wellington Rd Milledgeville, GA 30641 Telephone #: (703) 876-2796  
e-mail address: roxann.dimaio@kindercare.com License #: 15794 Expiration Date: 7-31-26  
Capacity: 164 # of Children Present: 85 # of Staff Present: 18

**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 \_\_\_\_\_

Purpose of visit: Complaint Investigation case 2025-846

Observations/Corrections needed:

S= 19a-79-6a (b)(2) Program not consistently placing children who are suspected to have a contagious illness in a designated isolation area with continuous supervision by program staff. Observed toddler not isolated while awaiting to be picked up for a suspected contagious illness.

NS= 19a-79-4a(d)(3)(c) Personal Qualities to relate to the parents. No evidence to substantiate

NS= 19a-79-7a(c)(2) Cleanliness - no evidence to substantiate

S= 19a-79-3a(b)(7)(A) Staff used a loud yelling tone at the children and was heard cursing with children present.

Program will revise and submit new illness policy with corrective action plan

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: 8.19.25

Signature: \_\_\_\_\_

Print Name: Tenri K Roberts  
(OEC Representative)

Signature: \_\_\_\_\_

Print Name: Roxann Dimacio  
(Person in Charge)