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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ridgefield Kindercare Date: 8/20/25 Time: 11:13

Location Address: 35 Copps Hill Rd. Ridgefield Telephone #: 203 438-6118

e-mail address: tracy.brown@kindercare.com License #: 70740 Expiration Date: 12/31/27

Capacity: 112/72 # of Children Present: 51/24 # of Staff Present: 9+

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: Follow-up for investigation 2025-832

Observations/Corrections needed:

(S) 19a-79-10(c)(2) Under 3 endorsement, ratios – twos room had 12 children with two staff upon arrival.

(S) 19a-79-10(c)(3) Under 3 endorsement, group size - twos room had group size of twelve upon arrival.

(S) 19a-79-7a(c)(2) Premises clean – adult toilets observed with pink ring at water line. Preschool bathroom observed with ring in toilet and urine on back of toilet.

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: 9/4/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: _____
(Person in Charge)
Print Name: Mikayla Mavinks