

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 10/14/28 Time: 9:15am

Location Address: 1445 Boston Post Rd Guilford Telephone #: 803-453-8781
06437

e-mail address: 07029@Kindercare.com License #: 14257 Expiration Date: 6/30/29

Capacity: 92 # of Children Present: 53 # of Staff Present: 13

**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 NA

Purpose of visit: Case 2025-1119 (Self Report 10/3/25)

Observations/Corrections needed: Program not in compliance with:

S #19 a-79-3a - Ensuring health and safety of children when child left classroom on 10/3/25 shortly after drop off. Child was found by another child's grandparent outside of main door that leads to parking lot.

S #19 a-79-4a Supervision when a child left classroom unattended and was found just outside the front door. Hallway and main door are public for medical offices and childcare. Grandparent found child and brought him to office at that time classroom teacher opened door to classroom. Per staff approximate time was a few minutes.

P ~~19 a-79-3a Supervision~~ (RM)

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: 10/21/25

Signature: Fil Montanye
(OEC Representative)

Print Name: Fil Montanye

Signature: Ashley Kane
(Person in Charge)

Print Name: Ashley Kane

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center License # 14257 Date: 10/3/25

Observations/Corrections needed:

Discussion:

- Adequate staffing to meet the needs of children enrolled

- Obtained:
- Copy of staff's annual training of policies
 - Sign in and out for 10/3/25 for preschool
 - Supervision policy
 - Statements from staff

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
 Print Name: F. Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 028/25

Signature: [Signature]
(Person in Charge)
 Print Name: Ashley Kane