

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kinder care Learning Center Date: 3/31/20 Time: 11:30
Location Address: 1260 Winsted Rd. Torrington Telephone #: 860-496-8687
e-mail address: C.danganini@kindercare.com License #: 14022 Expiration Date: 9/30/29
Capacity: 90/41 # of Children Present: 45/19 # of Staff Present: 8

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 _____
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Purpose of visit: Complaint investigation Case 2020-257

Observations/Corrections needed:

- Ⓟ 19a-79-3a(b)(7)(A) - Administration - behavior management - pending
- Ⓟ 19a-79-7a(d)(10)(B) - Physical plant - Toiletting needs met - pending
- Ⓟ 19a-79-3a(b)(2) - Administration - meeting the needs of the child - pending
- Ⓟ 19a-79-4a(d)(3)(A) - Staffing - Personal qualities - pending
- Ⓟ 19a-79-4a(d)(4)(A) - Staffing - ratios - observed ^{preschool classrooms} ~~2~~ ₁ out of ratio upon arrival - ~~director left classroom~~ observed preschool room at a 16:1 ratio when the second teacher was in the other preschool room.
- Ⓟ 19a-79-10(c)(2) under 3" - ratio - observed toddler room at 8:1 ratio when director left the room to open the door.

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: 4/14/20

Signature: Kawon
(OEC Representative)
Print Name: Krisni Morgan
Signature: Chene Danganini
(Person in Charge)
Print Name: Chene Danganini