

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare LC #300767 Date: 4/10/26 Time: 1200P
Location Address: 70A Washington Ave No Haven, CT Telephone #: 203 239 7474
e-mail address: 300767@kicorp.com License #: 13D10 Expiration Date: 1/31/30
Capacity: 80/44 # of Children Present: 32/10 # of Staff Present: 7

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 _____

Purpose of visit: Change up date Outdoor space
Fence replaced and woodchips

Observations/Corrections needed: replunished - Follow up visit

#111 Outdoor Space monitored @ visit **[OK]**
#112 fence 4ft monitored @ visit **[OK]**

- woodchips replunished;
- fence returned atop stone wall install per change

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: Chaelyn Lombardo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)
Print Name: Michèle Szanski