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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 4/30/26 Time: 9:10

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

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

Capacity: 112 # of Children Present: 43(21) # of Staff Present: 10

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 Ratio's

Observations/Corrections needed:

19a-79-4a(d)(4)(A)
(027) -Ratio's: at arrival observed preschool classroom with a 14:1 ratio

(118)
19a-79-10(c)(2): at arrival observed 9:2 ratio in under 2's room. staff stated child just arrived and was moving into another room- Re inspected room abaut 8 minutes later and ratio was still 9:2

(119)
19a-79-10(c)(3): observed 9:2 ratio of children under 2 at arrival. Group size not maintained

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: 5/14/26

Signature: Jamie Fortin
(OEC Representative)
Print Name: Jamie Fortin
Signature: