

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 5/11/23 Time: 1:15pm

Location Address: 110 Miles Drive Wallingford, CT 06492 Telephone #: 203-269-7730

e-mail address: Lindsay.Schmidt@kindercare.com License #: 16193 Expiration Date: 12/3/25

Capacity: 144/61 # of Children Present: 70 # of Staff Present: 12

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: 3-month Partial (2023-128)

Observations/Corrections needed:

PIC Lindsay Schmidt - Director - Sydney Fluker - asst. Director

19a-79-4a(c) & (d) - Staffing - Supervision - Per Director program has been adhering to their supervision policy

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: nlb

Signature: [Signature]
(OEC Representative)
Print Name: Takia Williams
Signature: [Signature]
(Person in Charge)
Print Name: Lindsay Schmidt