

2025-4

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

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 1/27/25 Time: 3:45pm

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

e-mail address: Wallingford@Kindercare.com License #: 16193 Expiration Date: 12/31/25

Capacity: 144/64 # of Children Present: 72 # of Staff Present: 15

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: follow-up 2025-41

Observations/Corrections needed:

PIC Arianna Colon - ~~AS~~ Program Specialist

(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratios - Per Director, program has been maintaining proper ratios at all times

(NS) 19a-79-4a(d)(4)(D) Staffing and Consultant Supervision - Per Director, program has been adhering to 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.

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: X Arianna Colon Arianna Colon
(Person in Charge)

X