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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 3/31/25 Time: 3:00

Location Address: 70A Washington Ave. No. Haven Telephone #: 203 239-7474

e-mail address: mhendricks@kindercare.com License #: 13010 Expiration Date: 1/31/26

Capacity: 80/44 # of Children Present: 52/26 # 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: Investigation 2025-323

Observations/Corrections needed:

Pending completion of interviews.

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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Madeline C Hendricks
Person in Charge)

Print Name: Madeline C Hendricks