

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 4/3/25 Time: 8:45

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

e-mail address: 300767@klcorp.com License #: 13010 Expiration Date: 1/31/26

Capacity: 80/44 # of Children Present: 48/24 # of Staff Present: 12

Consent to Inspect Family Child Care Home	<i>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.</i> _____ Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow-up for investigation 2025-323

Observations/Corrections needed:

(P) 19a-79-4a(d)(3) Personal qualities to care + work with children - pending findings of police and interview with alleged.

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: Madelaine Hendricks
(Person in Charge)
Print Name: Madelaine Hendricks