

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 300767 Date: 5/14/25 Time: 12:05 pm
Location Address: 70A Washington Ave North Haven, CT 06473 Telephone #: (203) 239-7474
e-mail address: mhendricks@kindercare.com License #: 13010 Expiration Date: 1-31-26
Capacity: 80 # of Children Present: 65 # of Staff Present: 11

**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: Complaint Investigation

Observations/Corrections needed:

NS = 19a-79-3a(d)(6)(B) No evidence to substantiate allegations as court orders on site do not specify time frames for pickup or drop off

S = 19a-79-3a(d)(5)(B) Ratio policy not implemented when 18:1 observed (5 children awake) and 13:1 (1 child awake)

S = 19a-79-4a(d)(4)(A) Observed 18:1 and 13:1 in both preschool rooms

S = 19a-79-3a(d)(5)(B) Naptime supervision policy not implemented
S = 19a-79-4a(d)(4)(B) Observed 12 out of 13 children on cots with their heads completely covered, unable to see their faces. with blankets
when children can't be monitored as faces covered

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: 5-28-25

Signature: [Signature]
(OEC Representative)
Print Name: Terri Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Madeline Hendricks