

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 300767 Date: 5/27/25 Time: 1:30pm
 Location Address: 70A Washington Ave North Haven, CT 06473 Telephone #: (203) 239-7474
 e-mail address: 300767@k1corp.com License #: 13010 Expiration Date: 1-31-26
 Capacity: 80 # of Children Present: 59 # 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: Ratio and Supervision Follow Up

Observations/Corrections needed:

No violations at this visit

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: Terrin K Roberts
(OEC Representative)
 Print Name: Terrin K Roberts

Signature: Madeline Hendricks
(Person in Charge)
 Print Name: Madeline Hendricks