

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 070295 Date: 7/21/25 Time: 12:50 PM
Location Address: 1445 Boston Post Rd Guilford, Gt. 06437 Telephone #: (203) 453-8781
e-mail address: 070295@kindercare.com License #: 14257 Expiration Date: 6.30.29
Capacity: 92 # of Children Present: 67 # of Staff Present: 13

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Supervision Follow Up Case 2025-606

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: [Signature]
Print Name: Jenni R Roberts
(OEC Representative)
Signature: Ashley Kane
Print Name: Ashley Kane
(Person in Charge)