

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Date: 7/25/25 Time: 1:15 pm
Location Address: 1260 Winsted Rd Torrington Telephone #: 860 494 8687
e-mail address: torrington@kindercare.com License #: 14022 Expiration Date: 9/30/25
Capacity: 90/44 # of Children Present: 50/18 # of Staff Present: 10

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature N/A

Purpose of visit: Partial for case 2025-178

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing supervision - Walk through
conducted. No violation.

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]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Chene Darganni