



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

Program Name	RIDGEFIELD KINDERCARE					License Number	DCCC.70740		Date of Inspection	09/12/2025	
						Expiration Date	12/31/2027		Time of Inspection	09:40 AM	
Address	35 COPPS HILL RD RIDGEFIELD CT 06877-4041					Telephone	(203) 438-6118		Licensed Capacity	112	
						Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	72	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks – 5 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	Mikayla.marinko@kindercare.com				
Operator	KINDER CARE EDUCATION LLC					Director	MIKAYLA MARINKO				
Endorsements	Pre-School, Under Three					Name of Inspector	Karen Hicks				
Numbers of Staff/Children Present	# Children Present under age 3	18	# Total Children Present	39	# of Staff Present	8	Purpose of Visit	Follow-up for ratio violations case 2025-832			

SUBSTANTIATED VIOLATIONS

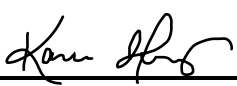
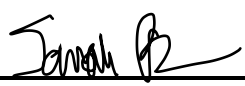
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and Not Substantiated 027- Ratios
Operator in compliance with ratios at time of visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:			
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Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Sarah baumann	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		
		Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: karen.hicks@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	