



**DIVISION OF LICENSING**

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

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

|                                   |   |    |                          |    |                    |                    |                  |                      |                    |    |  |
|-----------------------------------|---|----|--------------------------|----|--------------------|--------------------|------------------|----------------------|--------------------|----|--|
| Program Name                      | KINDERCARE LEARNING CENTER #300767              |    |                          |    | License Number     | DCCC.13010         |                  | Date of Inspection   | 10/02/2025         |    |  |
|                                   |   |    |                          |    | Expiration Date    | 1/31/2026          |                  | Time of Inspection   | 09:24 AM           |    |  |
| Address                           | 70A WASHINGTON AVE<br>NORTH HAVEN CT 06473-1703 |    |                          |    | Telephone          | (203) 239-7474     |                  | Licensed Capacity    | 80                 |    |  |
|                                   |   |    |                          |    | Hours of Operation | 6:30 AM – 6:00 PM  |                  | Under Three Capacity | 44                 |    |  |
| Is this a Change of Address?      | Yes?  |    | No?                      | X  | Days of Operation  | Mon-Fri            |                  | Ages Served          | 6 – 12 weeks years |    |  |
| New Address                       |   |    |                          |    | Night Hours        | No                 | Summer Hours     | Open                 | Weekend Hours      | No |  |
|                                   |   |    |                          |    | Program's Email    | 300767@klcorp.com  |                  |                      |                    |    |  |
| Operator                          | KINDERCARE LEARNING CENTERS LLC                 |    |                          |    | Director           | MADELINE HENDRICKS |                  |                      |                    |    |  |
| Endorsements                      | Pre-School, School Age, Under Three             |    |                          |    | Name of Inspector  | Jenn Schulz        |                  |                      |                    |    |  |
| Numbers of Staff/Children Present | # Children Present under age 3                  | 25 | # Total Children Present | 44 | # of Staff Present | 12                 | Purpose of Visit | Safe sleep follow up |                    |    |  |

**REGULATIONS NOT IN COMPLIANCE**

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

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| Statute and/or Regulation and Description: |  |
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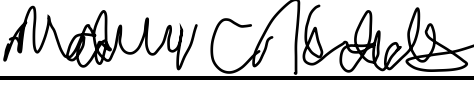
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| Statute and/or Regulation and Description: |  |
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| <b>REGULATIONS IN COMPLIANCE</b>                  |  |
| <b>Statute and/or Regulation and Description:</b> | [19a-79-10(g)(1-8)]      130- Safe Sleep |
|   |  |
| <b>Statute and/or Regulation and Description:</b> |  |
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**DISCUSSIONS/COMMENTS**

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|--|-----------|--|
| Were Violations cited during this visit? Y or N? | <b>No</b> | <b>NOTE:</b> * 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                       | <b>Jenn Schulz</b>  | <b>Madeline Hendricks</b>  | Printed Name                  |
| 2 <sup>nd</sup> OEC Representative | <b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency. |  |                               |
| Printed Name                       | <b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>   |  |                               |

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|  | Written Corrective Action Plan due by: | <b>DIVISION OF LICENSING</b><br>450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103<br>Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552<br>Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a> |
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| OEC Representative's Email: <b>jennifer.schulz@ct.gov</b> | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a> |
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