

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kinder Care Learning Center Date: 10/7/25 Time: 8:25
Location Address: 143 Pascome Place Winstington Telephone #: 860-665-0729
e-mail address: 301383@k1corp.com License #: 13765 Expiration Date: 1/31/29
Capacity: 113 # of Children Present: 62 # of Staff Present: 12

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 _____

Purpose of visit: Case 2025-1031 Follow up

Observations/Corrections needed:
19a-79-4a(d)(5) Staffing - Group Size
⑤ Regulation not in compliance when OEC representatives observed 2 staff and 21 children and an additional child arrived; 8 children transitioned out of the room when an additional staff member arrived.
19a-79-4a(d)(4)(A) Staffing - Ratios
⑤ Regulation not in compliance when OEC representative observed 2 staff and 21 children and another child arrived; few minutes later an additional staff arrived and transitioned 8 children to adjacent classroom.

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: 10/21/25

Margaret Kallerman
Signature: _____
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: _____
(Person in Charge)
Print Name: Alycia Kamin