

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 11/12/25 Time: 8:39am

Location Address: 1445 Boston Post Rd Guilford Telephone #: 203-453-8781

e-mail address: 07029@kindercare.com License #: 06437 14257 Expiration Date: 6/30/29

Capacity: 92 # of Children Present: 43 # of Staff Present: 11

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* NA

Purpose of visit: Follow up to inspection Dated 10/14/25
Case 2025-1119 (Self Report 10/3/25)

Observations/Corrections needed:

#19 a - 79 - 3a - Ensuring health and safety of children
in compliance at this visit.

#19a-79-4a Supervision in compliance 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.

Signature: [Signature]
(OEC Representative)

Print Name: Fil Montane

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: [Signature]
(Person in Charge)

Print Name: Ashley Kane