



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	KIDERCARE LEARNING CENTER #301791				License Number	DCCC.16040		Date of Inspection	11/18/2025		
					Expiration Date	7/31/2026		Time of Inspection	12:43 PM		
Address	35 SOUTH RD FARMINGTON CT 06032-2022				Telephone	(860) 677-1810		Licensed Capacity	143		
					Hours of Operation	6:30 AM - 6:30 PM		Under Three Capacity	83		
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	Farmingtonsouthroad@kindercare.com					
Operator	KIDERCARE EDUCATION LLC				Director	NICHOLE CHARRON					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	66	# Total Children Present	119	# of Staff Present	23	Purpose of Visit	Follow up - nap time ratio			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

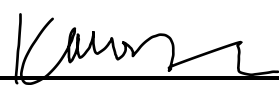

Statute and/or Regulation and Description:

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 027- Ratios Not Substantiated
The regulation regarding ratios was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
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.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Nichole Charron	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and 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
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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