

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center Date: 6/24/25 Time: 1PM
Location Address: 1445 Boston Post Rd Guilford, CT 06437 Telephone #: (203) 453-8781
e-mail address: 070295@kindercare.com License #: 14257 Expiration Date: 6.30.29
Capacity: 92 # of Children Present: 04 # 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: Self Reported Incident

Observations/Corrections needed:

S= 19a-79-3a(d)(5)(D) Supervision policy not implemented when a child was left unsupervised in the hallway.

S= 19a-79-4a(d)(4)(D) Child was left unsupervised in the hallway and found by another teacher.

NS= 19a-79-4a(d)(3)(A) Personal Qualities to care for and work with children

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: 7.8.25

Signature: [Signature]
(OEC Representative)
Print Name: Jeri R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Ashley Kane