



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 Website: www.ctoec.org

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

Program Name	KINDERCARE LEARNING CENTER #301383				License Number	DCCC.13765		Date of Inspection	03/06/2026		
					Expiration Date	1/31/2029		Time of Inspection	01:00 PM		
Address	143 PASCONE PLACE NEWINGTON CT 06111				Telephone	(860) 665-0729		Licensed Capacity	113		
					Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	64		
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	Newington@kindercare.com					
Operator	KINDERCARE EDUCATION LLC				Director	JESSICA PAIGE-WESH					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Kellerman					
Numbers of Staff/Children Present	# Children Present under age 3	36	# Total Children Present	65	# of Staff Present	14	Purpose of Visit	Follow-up for CAP items still needed from full inspection conducted on 11/17/2025			

REGULATIONS NOT IN COMPLIANCE

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

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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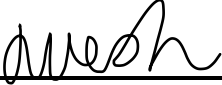
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(i)(1-2)(H), (F)] 035- Consultants
Statute and/or Regulation and Description:	[19a-79-7a(a)(2)] 062- Fire marshal codes/certificate

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

Follow-up from full inspection on 11/17/2025, for items still needed from CAP. Fire Marshal certificate and consultant agreements copies obtained at this follow-up. Walk through conducted.

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	Karen Kellerman	Jessica wesh	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: karen.kellerman@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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