



**DIVISION OF LICENSING**  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

|                              |   |                          |    |                        |                          |                                |                             |            |
|------------------------------|---|--------------------------|----|------------------------|--------------------------|--------------------------------|-----------------------------|------------|
| <b>Program Name</b>          | A CHILD'S GARDEN- SHELTON                 |                          |    |                        | <b>License Number</b>    | DCCC.15976                     | <b>Date of Inspection</b>   | 02/29/2024 |
|                              |   |                          |    |                        | <b>Expiration Date</b>   | 2/28/2026                      | <b>Time of Inspection</b>   | 10:32 AM   |
| <b>Address</b>               | 20 IVY BROOK ROAD<br><br>SHELTON CT 06484 |                          |    |                        | <b>Telephone</b>         | (203) 402-0334                 | <b>Total Capacity</b>       | 156        |
|                              |   |                          |    |                        | <b>Days and Hours</b>    | MONDAY-FRIDAY<br>6:30AM-6:00PM | <b>Under Three Capacity</b> | 56         |
| <b>#Children Present</b>     | 22  | <b># Under 3 Present</b> | 44 | <b># Staff Present</b> | 68                       | <b>Summer Care</b>             | Open                        |            |
| <b>Purpose of Inspection</b> | Follow up on safe sleep                   |                          |    |                        | <b>Name of Inspector</b> | Kristi Morgan                  |                             |            |
| <b>Program's Email</b>       | acgshelton2003@gmail.com                  |                          |    |                        | <b>Inspector's Email</b> | kristi.morgan@ct.gov           |                             |            |

**Violations**

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

| <b>Other Findings - In Compliance</b>       |  |                 |
|---|--|-----------------|
| <b>Statute and/or Regulation</b>            | <b>Description</b>                           | <b>Comments</b> |
| [19a-79-10(g)(3) and/or<br>19a-79-7a(g)(1)] | 130-Crib/Bed Free from<br>Observable Hazards |                 |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

YES/NO: No

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**Discussions:**




**Comments:**

**NOTE:**

Items left blank on this form were not monitored during this visit.

Only the regulations marked as compliant or non-compliant were monitored or discussed.

**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |  |                                |  |
|---|--|--------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Kristi Morgan</b><br>(Printed Name)  | <br>(Printed Name)   |                                | <b>Sandra Miklus</b><br>(Printed Name)   |