

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Ctr. Date: 12/2/24 Time: 11:20 AM

Location Address: 1 Trap Falls Rd. Shelton Telephone #: 203 944 0104

e-mail address: Shelton@Kindercare.com License #: 16021 Expiration Date: 3/31/26

Capacity: 164/164 # of Children Present: 69/35 # of Staff Present: 14

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: <u>N/A</u>	

Purpose of visit: Self report case 2024-1276

Observations/Corrections needed:

⑤ 19a-79-7a(e)(10) - Physical Plant - Program failed to keep hazardous materials inaccessible to children when a vape pen was found in a class room by a child.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge) Rachel Reben