

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Centers #301792 Date: 3/31/25 Time: 1pm

Location Address: 1 Trap Falls Rd Shelton, Ct. 06484 Telephone #: (203) 944-0104

e-mail address: 301792@k1corp.com License #: 16021 Expiration Date: 3-31-26

Capacity: 164 # of Children Present: 66 # of Staff Present: 13

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

S-19a-79-7a (d)(10)(E) observed a dirty potty chair in room Toddler D

S-19a-79-7a (e)(5) observed pasta with sauce and peas on floor covering the whole side of the table in room Toddler D and food on a table and floor with no one in the room toddler B

S-19a-79-7a (d)(4)(D) observed 2 children's heads completely covered with a blanket at naptime while on their cots, room multiple B

NS-19a-79-7a (g)(2) cots cleaned

S-19a-79-7a (g)(1) observed 2 inoperable water fountains dirty

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: 4/14/25

Signature: J. R. Roberts

Print Name: Jenn R Roberts
(OEC Representative)

Signature: Rachel Reben

Print Name: Rachel Reben
(Person in Charge)