

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 301792 Date: 4/7/25 Title: \_\_\_\_\_  
Location Address: 1 Trap Falls Rd Shelton, CT 06484 Telephone #: (203) 944-\_\_\_\_\_  
e-mail address: 301792@klcorp.com License #: 16021 Expiration Date: \_\_\_\_\_  
Capacity: 164 # of Children Present: 70 # of Staff Present: 12

**Consent to Inspect  
Family Child Care Home**

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

Purpose of visit: Naptime Supervision Follow-Up

Observations/Corrections needed:

S = 19a-79-4a (d)(4)(5) observed 1 child's head completely covered with a blanket in mom multiage A and I

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: 4.21.25

Signature: Jeri R. Robert  
(OEC Representative)  
Print Name: Jeri R. Robert  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Rachel I