

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 301792 Date: 4/15/25 Time: 2pm
Location Address: 1 Trap Falls Rd Shelton, CT 06484 Telephone #: (203) 944-0104
e-mail address: 301792@kicorp-wm License #: 16021 Expiration Date: 3.31.26
Capacity: 164 # of Children Present: 65 # of Staff Present: 11

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Naptime Supervision Follow Up

Observations/Corrections needed:

No violations at this visit

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: N/A

Signature: Jeri K Roberts
(OEC Representative)
Print Name: Jeri K Roberts
Signature: Rachel Eden
(Person in Charge)
Print Name: Rachel Eden