

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 301792 Date: 4/30/25 Time: 9am
Location Address: 1 Trap Falls Rd Shelton, Ct. 06484 Telephone #: (203) 944-0104
e-mail address: 301792@kicorp.com License #: 16021 Expiration Date: 3-31-26
Capacity: 164 # of Children Present: 54 # of Staff Present: 11

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 _____

Purpose of visit: Self Reported Incident

Observations/Corrections needed:

S= 19a-79-3a(d)(5)(c) Indoor/Outdoor supervision policy not implemented when 3 children ran out of their classroom 3 times and 1 child was locked out of her room with no coat and no shoes for approximately 3 minutes and was crying. The area was the walkway leading to playground and was fenced.

S= 19a-79-4a(d)(4)(b) 3 children were left unsupervised when they opened the classroom door and ran outside 3 times, leaving 1 child locked out and unsupervised for approximately 3 minutes.

S= 19a-79-7a(c)(2) Emergency exit door alarm was not operable when 3 children exited the room 3 times.

S= 19a-79-4a(d)(3)(A) Staff didn't demonstrate the qualities to care for and work with children when they ran out 3 times leaving 1 child locked out.

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: 5.14.25

Signature: Terr R Roberts
(OEC Representative)
Print Name: Terr R Roberts
Signature: Shania Gja
(Person in Charge)
Print Name: Shania Gja