

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 301792 Date: 6/10/25 Time: 12:10pm
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: 62 # 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 and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Complaint Investigation Case 2025-497

Observations/Corrections needed:
NS=19a-79-7a(c)(2) No evidence to substantiate, program doesn't clean.
NS=19a-79-3a(b)(7)(A) No evidence to substantiate behavior management based on developmental appropriateness not followed

S=19a-79-6a(b)(2) Children with suspicious signs of contagious illnesses have not been placed in a designated isolation area with continual visual supervision by program staff.

~~NS~~^(TR)=19a-79-3a(d)(6)(B) No evidence to substantiate agreements with parents weren't followed when program didn't follow through on receiving doctor's note for ^{child's} return after illness

S=19a-79-5a(a)(3)(A) Program does not have illness reports related to this case. 4 reports not available for review. Program to submit revised illness policy with corrective action plan.

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: 6.24.25

Signature: _____
(OEC Representative)
Print Name: Jenni K Roberts
Signature: _____
(Person in Charge)
Print Name: Rachel Roben