

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kindercare Learning Center # 30179Z Date: 6/10/25 Time: 12:10pm

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

e-mail address: 30179Z@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>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 _____</i>
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Purpose of visit: Self Reported Incident Case 2025-523

Observations/Corrections needed:

P= 19a-79-3a(a) Ensuring children's safety, health and development

P= 19a-79-4a (d)(4)(D) Indoor Supervision

P= 19a-79-3a (d)(5)(c) Indoor Supervision Policy

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: TBD

Signature: [Signature]
(OEC Representative)
Print Name: Jem R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Rachel Roben