Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☑ Other CO Monitoring

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 6/24/24 Time: 8:30

Location Address: 605 Foxon Rd North Branford Telephone #: 203 484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43/29 # of Children Present: 18/10 # of Staff Present: 6

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: Consent Order monitoring

Observations/Corrections needed:

Condition 8 - (NS) - Newly appointed director has been hired and employed as director since April 2024.

Condition 9 (S) - Initial director technical assistance from OEC was not in compliance. Operator completed request form during visit.

Condition 10 (S) - New head teacher not hired or in place. No interim plan in place for head teacher. Job posting available for review.

Condition 11 a - contact CQIS (NS)

b - conduct training for all staff (NS) Observed training 4/25/24

(S) c - similar training for new employees prior to assuming caregiving responsibilities

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Karen Hicks, Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/8/2024

Signature: Kayhla Golembieski
(Person in Charge) Kayhla Golembieski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care License # 15729 Date: 6/24/24

Observations/Corrections needed:

Condition 12 (NS) CQIS conducting weekly on-site observations. Visits are documented and available for agency review.

(S) Safe sleep is not documented at each observation.

Condition 13 (S) Did not observed new policy for maintaining physical plant. Did observe revised policies for infant safe sleep and maintaining record keeping policies with training of revised policies with staff.

Condition 14 (NS) Operator provided evidence of CQIS visits with written documentation of visits and implementation of recommendations.

Condition 15 (NS) Attendance of designated director present for CQIS visits is documented + available for review.

(S) 19a-79-3a(a) Ensuring health + safety of children - operator failed to have one employee background checked before working with children.

(S) 19a-79-4a(a)(1-2) Staff medical statement - operator failed to have evidence of a medical form w/ physical and TB test on file.

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Signature: Karen Hicks, Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/8/24

Signature: Kayhla Golembieski
(Person in Charge)
Kayhla Golembieski