



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	KID'S CONNECTION II				License Number	DCCC.15949	Date of Inspection	08/14/2024
					Expiration Date	9/30/2025	Time of Inspection	01:06 PM
Address	140 PLEASANT AVE EAST HAVEN CT 06512-1063				Telephone	(203) 467-9400	Total Capacity	42
					Days and Hours	FROM: 8:00am TO: 5:00PM; PM HOURS FROM: TO:	Under Three Capacity	21
#Children Present	21	# Under 3 Present	15	# Staff Present	5	Summer Care	Open	
Purpose of Inspection	Follow up for ratio under 3				Name of Inspector	Fil Montanye		
Program's Email	ricci.donna@gmail.com				Inspector's Email	filomena.montanye@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation: [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	Description: 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
Program in compliance at this visit	
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:



Statute and/or Regulation:	Description:

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Fil Montanye (Printed Name)	(Printed Name)		Deborah balisciano (Printed Name)