



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	CP KIDS EARLY LEARNING CENTER				License Number	DCCC.70067		Date of Inspection	09/03/2025		
					Expiration Date	8/31/2028		Time of Inspection	12:50 PM		
Address	1 BLACHLEY RD STAMFORD CT 06902-0002				Telephone	(203) 989-1900		Licensed Capacity	118		
					Hours of Operation	7:30 AM – 6:00 PM		Under Three Capacity	40		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 11 month – years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	MKondub@chelseapiers.com					
Operator	CHELSEA PIERS CONNECTICUT LLC				Director	MADELINE KONDUB					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	43	# Total Children Present	87	# of Staff Present	21	Purpose of Visit	Investigation 2025-919			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

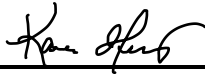
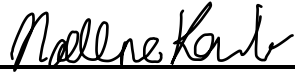
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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-3a(b)(7)(A)] Not Substantiated
006-Child behavior management Insufficient evidence to support a regulatory violation.	
Statute and/or Regulation and Description:	[19a-79-3a(n)] Pending
016- Capacity Capacity compliance is pending further investigation. License for under three endorsement reads capacity of 40. 43 children under three years are present.	

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Madeline Kondub	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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