



DIVISION OF LICENSING

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

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	PUMPKIN PRESCHOOL				License Number	DCCC.12381		Date of Inspection	09/04/2025		
					Expiration Date	3/31/2029		Time of Inspection	01:41 PM		
Address	449 GRASMERE AVENUE FAIRFIELD CT 06824				Telephone	(203) 255-7505		Licensed Capacity	68		
					Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	28		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 10 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	dp@pumpkinpreschool.com					
Operator	PUMPKIN INDUSTRIES INC				Director	DONNAJEAN POND					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Cathy Anderson					
Numbers of Staff/Children Present	# Children Present under age 3	26	# Total Children Present	68	# of Staff Present	14	Purpose of Visit	Partial inspection on ratio, which was cited on June 12, 2025			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(c)(2)] 118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
Program is in compliance at this time inspection	
Statute and/or Regulation and Description:	[19a-79-10(c)(3)] 119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
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	Cathy Anderson	Donnajeon Pond	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: catherine.anderson@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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