CONNECTICUT Early Childhood

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

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

Program Name	NORTH BRANFORD CHILD CARE					**License Number**	DCCC.15729	**Date of Inspection**	01/07/2026
						Expiration Date	2/28/2026	**Time of Inspection**	11:41 AM
Address	605 FOXON RD NORTH BRANFORD CT 06471-1127					**Telephone**	(203) 484-3344	**Licensed Capacity**	43
						Hours of Operation	6:30 AM – 6:00 PM	**Under Three Capacity**	29
Is this a Change of Address?	**Yes?**		**No?**	X		**Days of Operation**	Mon-Fri	**Ages Served**	6 weeks – 11 years
New Address						**Night Hours**	No	**Summer Hours** Open	**Weekend Hours** No
						Program's Email	nbcc484@gmail.com		
Operator	THE KID'S CONNECTION I INC					**Director**	KAYHLA GOLEMBIESKI		
Endorsements	Pre-School, School Age, Under Three					**Name of Inspector**	Karen Hicks		
Numbers of Staff/Children Present	**# Children Present under age 3**	8	**# Total Children Present**	17	**# of Staff Present** 4	**Purpose of Visit**	Partial inspection for case 2025-798; supervision		

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision

Program not in compliance with ensuring the supervision of children at all times while indoors when 9 preschool children were unattended in their classroom. Staff member was in the bathroom with the door shut at time of walk through.

Statute and/or Regulation and Description:	

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REGULATIONS IN COMPLIANCE

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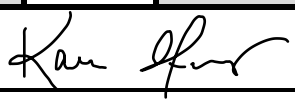
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	Yes	**NOTE:** * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Kayhla golembieski	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* 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.**	

CONNECTICUT Early Childhood	**Written Corrective Action Plan due by:** **01/21/2026**	**DIVISION OF LICENSING** 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oec.licensing@ct.gov Website: www.ctoec.org

OEC Representative's Email: karen.hicks@ct.gov	**CAP:** https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf