



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 FOLLOW UP – PARTIAL INSPECTION

Program Name	NORTH BRANFORD CHILD CARE					License Number	DCCC.15729		Date of Inspection	01/15/2026	
						Expiration Date	2/28/2026		Time of Inspection	04:18 PM	
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 – 11 weeks 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	6	# Total Children Present	12	# of Staff Present	3	Purpose of Visit	Follow-up for partial inspection; supervision			

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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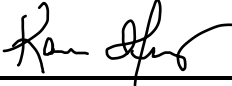
Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
Program in compliance with supervision at time of follow-up visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
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DISCUSSIONS/COMMENTS

Pending- 19a-79-4a(d)(1) - head teacher 60% of time- head teacher not present and documentation of time on site not observed. Staff unaware of head teacher last being present. Director states it's only been a week and a half due to having to attend to head teacher's own center. Dates on time cards presented do not match any recent dates. _Head teacher presence is a consent order requirement.

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.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Kayhla golembieski	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> 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
OEC Representative's Email: karen.hicks@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	