



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

Program Name	SOUTHFIELD CHILDREN'S CENTER				License Number	DCCC.15726		Date of Inspection	02/11/2026		
					Expiration Date	3/31/2030		Time of Inspection	08:45 AM		
Address	84 FAITH RD NEWINGTON CT 06111-4810				Telephone	(860) 666-8811		Licensed Capacity	74		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	34		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 6 weeks – years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	lkraft@southfieldkids.org					
Operator	SOUTHFIELD CHILDRENS CENTER INC				Director	LAURA KOUAME					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Kellerman					
Numbers of Staff/Children Present	# Children Present under age 3	20	# Total Children Present	45	# of Staff Present	14	Purpose of Visit	Attempted inspection, program had water leak/pipe burst. Under construction at this attempted			

**REGULATIONS NOT IN COMPLIANCE**

Statute and/or Regulation and Description:

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**DISCUSSIONS/COMMENTS**

Attempted full inspection, however, program still under construction due to water pipe burst. Program to notify Agency of completion of construction. Program did notify Agency of pipe burst/water damage.

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * 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	<b>Karen Kellerman</b>	<b>William Steinberg</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

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