



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	KID'S CLUB LEARNING AND DAY CARE				License Number	DCCC.15120		Date of Inspection	02/20/2026		
					Expiration Date	2/28/2029		Time of Inspection	09:39 AM		
Address	270 CENTER ST WEST HAVEN CT 06516-4400				Telephone	(203) 937-0899		Licensed Capacity	53		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	8		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	12 – 5 month years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	kidsclubseymour@gmail.com					
Operator	ELIZABETH AND ROBERT HEON				Director	GILBY DELGRECO					
Endorsements	Pre-School, Under Three				Name of Inspector	Jenn Schulz					
Numbers of Staff/Children Present	# Children Present under age 3	6	# Total Children Present	32	# of Staff Present	4	Purpose of Visit	Safe sleep follow up			

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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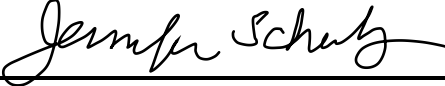
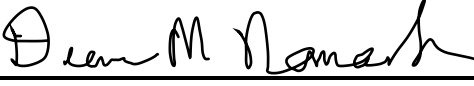
Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
The regulation regarding safe sleep was found to be in compliance during this visit. Observed pack n play to be set up in under 3 classroom and sleep arrangement policy posted in the classroom.	
Statute and/or Regulation and Description:	

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DISCUSSIONS/COMMENTS

Discussed staffing needs regarding bathroom breaks and bus coverage. TA provided regarding room arrangements in under 3 classroom.

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	Jenn Schulz	Diane no Mack	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: jennifer.schulz@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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