



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 INVESTIGATION

Program Name	PHELPS INGERSOLL CENTER FOR CHILDREN				License Number	DCCC.15442	Date of Inspection	03/08/2024
					Expiration Date	3/31/2026	Time of Inspection	10:00 AM
Address	99 UNION ST MIDDLETOWN CT 06457-3427				Telephone	(860) 343-6227	Total Capacity	53
					Days and Hours	FROM: 7:15AM TO: 5:15PM	Under Three Capacity	0
#Children Present	47	# Under 3 Present	0	# Staff Present	6	Summer Care	Open	
Purpose of Investigation	Case 2024-146 self-report				Name of Inspector	Valecia Williams		
Program's Email	khurlbert@midymca.org				Inspector's Email	valecia.williams@ct.gov		

Regulatory Violations

Statute and/or Regulation	19a-79-4a(c)(4)(D)	Description:	021b-Supervision
<p>Failed to ensure the supervision of children at all times while indoors when a child walked out of a classroom, alone and unsupervised without staff's knowledge. Child was not supervised for approximately 1 minutes by the staff. Staff did not adhere to program's supervision policy when staff did not maintain continuous visual and auditory supervision of a child.</p>			
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings- Regulations In Compliance or Pending	
Statute and/or Regulation [19a-79-3a(b)(7) &/or 19a-79-4a(3)]	Description 003-Annual Staff Training
<p>Program provided annual training to staff on program's policies and procedures.</p>	
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

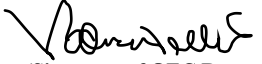
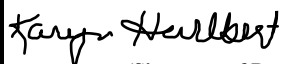
Statute and/or Regulation:	Description:
-----------------------------------	---------------------

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
--------------------	---

Discussions

Comments

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 03/22/2024	 (Signature of Person in Charge)
Valecia Williams (Printed Name)	(Printed Name)	03/22/2024	Karyn Hurlburt- Director (Printed Name)