



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

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

<b>Program Name</b>	STRTFD YMCA C C PROG@ STRTFD ACAD/JOHNSON HOUSE				<b>License Number</b>	DCCC.13985	<b>Date of Inspection</b>	03/15/2024
					<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	09:28 AM
<b>Address</b>	719 BIRDSEYE ST  STRATFORD CT 06615-6827				<b>Telephone</b>	(203) 375-5844	<b>Total Capacity</b>	42
					<b>Days and Hours</b>	Monday- Friday FROM: 3:00pm-6:00pm	<b>Under Three Capacity</b>	0
<b>#Children Present</b>	0	<b># Under 3 Present</b>	0	<b># Staff Present</b>	1	<b>Summer Care</b>	Closed	
<b>Purpose of Inspection</b>	Follow up for playground only				<b>Name of Inspector</b>	Fil Montanye		
<b>Program's Email</b>	mbernardo@cccymca.org				<b>Inspector's Email</b>	filomena.montanye@ct.gov		

**Violations**

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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### Other Findings - In Compliance

Statute and/or Regulation	Description	Comments
[19a-79-7a(h)(1)]	087-Outdoor Space Adequate Sq. Ft. Per Child	
[19a-79-7a(h)(2)]	088-Impact Absorbing Material under Equipment	
[19a-79-7a(g)(4) and/or 19a-79-7a(h)]	089-Playground Free From Hazards	
[19a-79-7a(h)(5) &/or 19a-79-7a(h)(9)]	092-Equipment Anchored/Safely Arranged	

<p>[19a-79-7a(h)(7)]</p>	<p><b>093-Outdoor Play Area Protected/Fenced</b></p>	
<p>[19a-79-7a(h)(8)]</p>	<p><b>094-Drinking Water Available/Accessible</b></p>	

<p><u>YES/NO:</u> <b>No</b></p>	<p><b>WERE VIOLATIONS CITED DURING THIS VISIT?</b></p>
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**Discussions:**

Swing chains with visible rust

**Comments:**

Program uses the fields more than play scape

**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)	<p>DATE CORRECTIONS DUE BY:</p>	 (Signature of Person in Charge)
<p><b>Fil Montanye</b> (Printed Name)</p>	<p>(Printed Name)</p>		<p><b>Melissa Bernardo</b> (Printed Name)</p>