



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	ST. DOMINIC CHILD CARE				License Number	DCCC.70791		Date of Inspection	10/14/2025		
					Expiration Date	11/30/2028		Time of Inspection	12:33 PM		
Address	1050 FLANDERS RD SOUTHINGTON CT 06489-1310				Telephone	(860) 628-4678		Licensed Capacity	86		
					Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	46		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks – 5 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	directorcc@stlukect.org					
Operator	SAINT LUKE PARISH CORPORATION				Director	ASHLEY MADDALENA					
Endorsements	Pre-School, Under Three				Name of Inspector	Lauren Hull					
Numbers of Staff/Children Present	# Children Present under age 3	23	# Total Children Present	35	# of Staff Present	14	Purpose of Visit	Follow up			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

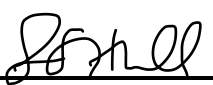
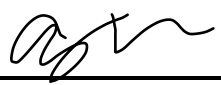
Statute and/or Regulation and Description:

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and 027- Ratios Not Substantiated
Walk through conducted. No violations.	
Statute and/or Regulation and Description:	

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

DISCUSSIONS/COMMENTS

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	Lauren Hull	Ashley Maddalena		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: lauren.hull@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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