



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	CHILDREN'S CENTER OF NEW MILFORD				License Number	DCCC.13459		Date of Inspection	11/05/2025		
					Expiration Date	6/30/2026		Time of Inspection	10:21 AM		
Address	11A ASPETUCK AVE NEW MILFORD CT 06776-2857				Telephone	(860) 354-1883		Licensed Capacity	81		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	16		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 8 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	office@childrenscenternm.org					
Operator	CHILDREN'S CENTER OF NEW MILFORD INC				Director	ANDREA MILADINOV					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Jaime Fortin					
Numbers of Staff/Children Present	# Children Present under age 3	13	# Total Children Present	35	# of Staff Present	13	Purpose of Visit	Follow up on Full comprehensive lead test from 8/7 Inspcetion			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-7a(c)(6)(A-D)]	070- Lead Paint- testing, management plans
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Program not in compliance with conducting a comprehensive lead test of all space used by staff and children prior to use when documentation of dust wipes have not yet been completed and either an updated Management plan approved by Local health or remediation/ abatement letter of compliance approved from Local health needed

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
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DISCUSSIONS/COMMENTS

Program choose to complete a full comprehensive lead test as they were unsure of room names and if all areas were completed at 1/18/2010 full comprehensive lead test. Program was unaware of Management plan and will not have update plan approved by Local health or local health approval letter of compliance for remediation/abatement. Please send in with your Corrective action the updated dust wipe inspection and Local health approval of updated management plan or compliance letter

Were Violations cited during this visit? Y or N?	Yes	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	Jaime Fortin	Andrea Miladinov	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: 11/19/2025	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: jaime.fortin@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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