



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 Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	BRIDGEPORT YMCA/KOLBE EDUCATIONAL CENTER				License Number	DCCC.16131		Date of Inspection	11/07/2025		
					Expiration Date	4/30/2029		Time of Inspection	10:30 AM		
Address	401 KOSSUTH ST BRIDGEPORT CT 06608-2318				Telephone	(203) 332-6447		Licensed Capacity	192		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	40		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 5 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	Jrivera@cccymca.org					
Operator	CENTRAL CONNECTICUT COAST YMCA, INC.				Director	JADETTE E RIVERA					
Endorsements	Pre-School, Under Three				Name of Inspector	Dianna Wassenhove					
Numbers of Staff/Children Present	# Children Present under age 3	33	# Total Children Present	97	# of Staff Present	21	Purpose of Visit	3 Month Follow Up for Supervision			

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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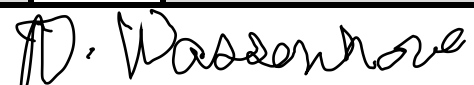
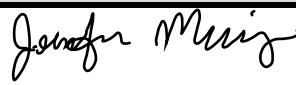
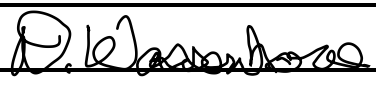
Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
Program was in compliance with supervision	
Statute 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	Dianna Wassenhove	Jennifer muniz	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	Dianna Wassenhove	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: dianna.wassenhove@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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