



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	YWCA STEVENS KIDSLINK				License Number	DCCC.12705		Date of Inspection	11/13/2025		
					Expiration Date	3/31/2029		Time of Inspection	04:40 PM		
Address	322 ORCHARD ST ROCKY HILL CT 06067-2021				Telephone	(860) 500-6863		Licensed Capacity	68		
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	5 years - 12 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	robinb@ywcahartford.org					
Operator	YWCA HARTFORD REGION INC				Director	ROBIN BUCKI					
Endorsements	School Age				Name of Inspector	Cathy Anderson					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	12	# of Staff Present	2	Purpose of Visit	Investigation			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)]	028- Supervision
<p>Program not in compliance with ensuring the supervision of children at all times while indoors when staff member who was on site during 11/6/2025. This was witnessed by the parent and a staff member.</p>		
Statute and/or Regulation and Description:	[19a-79-5a(a)(2)(E)]	040- Individual Care Plan- signed by parents/staff
<p>Program not in compliance with maintaining individual care plan for a child with incidents was not in place until 11/10/2025</p>		
Statute and/or Regulation and Description:	[19a-79-5a(a)(3)(A)]	041- Injury, Illness, Incident, Accident reports
<p>Program not in compliance with maintaining current/complete injury, illness, incident, accident reports for children when speaking to the staff member Ashley Carver all incidents were not reported in writing to the child's parents. There was no incident and injury report documented on the 11/6/2025. The parent was notified verbally.</p>		


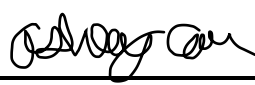
Statute and/or Regulation and Description:	
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NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	
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DISCUSSIONS/COMMENTS

Needed
 Witness statements from Will (about incident and being on cell phone)
 Ashley, Tina, Ari and Robin (about incidents and delay in care plan)

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	Cathy Anderson	Ashley carver	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: 11/27/2025	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: catherine.anderson@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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