



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	MERIDEN YMCA HEAD START				License Number	DCCC.16864		Date of Inspection	11/25/2025		
					Expiration Date	4/30/2027		Time of Inspection	01:14 PM		
Address	398 LIBERTY ST MERIDEN CT 06450-4529				Telephone	(203) 238-9166		Licensed Capacity	124		
					Hours of Operation	7:00 AM - 5:00 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 - 5 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	ccattel@meridenymca.org					
Operator	MERIDEN-NEW BRITAIN-BERLIN YMCA, INC.				Director	CHRISTINE RAMEZZANA					
Endorsements	Pre-School				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	83	# of Staff Present	14	Purpose of Visit	Investigation case 2025-1303			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-7a(e)(16)]	100- Prevention of vermin- openings screened
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Program not in compliance with ensuring effective measures have been taken to prevent vermin from entering or breeding in the facility when mouse feces is reported to be found daily in room 6 in different areas of the room. Teachers in room 7 reported that they saw mouse feces in their closet and radiator last week. Mouse feces observed today on a shelf in the closet of room 6.

Statute and/or Regulation and Description:	
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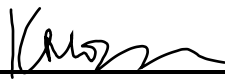

Statute and/or Regulation and Description:	
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NOT SUBSTANTIATED or PENDING	
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DISCUSSIONS/COMMENTS

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	Kristi Morgan	Christiune Ramezzana	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: 12/09/2025	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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