



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	MANCHESTER EARLY LEARNING CENTER @ PRESCHOOL BLDG				License Number	DCCC.15714		Date of Inspection	12/23/2025		
					Expiration Date	1/31/2030		Time of Inspection	11:20 AM		
Address	80 WADDELL RD MANCHESTER CT 06040-4732				Telephone	(860) 647-9659		Licensed Capacity	98		
					Hours of Operation	7:30 AM - 5:30 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 - 11 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	john@melearning.org					
Operator	MANCHESTER EARLY LEARNING CENTER INC				Director	JENNIFER WAGNER					
Endorsements	Pre-School, School Age				Name of Inspector	Dianna Wassenhove					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	57	# of Staff Present	12	Purpose of Visit	Investigation 2025-1382			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-3a(d)(2)-(7)]	011-Policies- complete, implemented
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Program not in compliance with ensuring the implementation of policies when policy of requiring snowpants/boots to attend or they will be excluded for the day. Less than 30 days notification. Notice sent to parents on 11/17/25 stating effective 11/14/25 will need to return home at drop-off to get proper attire (snowpants and boots when ice/snow are present).

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

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	Dianna Wassenhove	Jennifer Wagner	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: 01/06/2026	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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