



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	KIDS CARE AT RIVERFIELD					License Number	DCCC.16061		Date of Inspection	01/06/2026	
						Expiration Date	2/28/2029		Time of Inspection	07:38 AM	
Address	1625 MILL PLAIN ROAD FAIRFIELD CT 06824					Telephone	(203) 767-1550		Licensed Capacity	60	
						Hours of Operation	7:30 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 – 12 years	
New Address						Night Hours	No	Summer Hours	Closed	Weekend Hours	No
						Program's Email	kidscareriv@sbcglobal.net				
Operator	KIDS' CARE AT RIVERFIELD INC					Director	ROSANNE YOUNG				
Endorsements	School Age					Name of Inspector	Lori Mangano				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	2	Purpose of Visit	Follow up to 12/16/25 inspection on 2 staff present			

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)(2)] 025- Two staff present - age 18 or older
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	Lori Mangano	Rosanne young	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:	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: lori.mangano@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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