



**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](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

Program Name	JERICO PARTNERSHIP - AFTER SCHOOL LEARNING PROGRAM - SPRING ST				License Number	DCCC.70818		Date of Inspection	02/26/2026		
					Expiration Date	2/28/2029		Time of Inspection	04:00 PM		
Address	44 SPRING ST DANBURY CT 06810-6514				Telephone	(203) 791-1180		Licensed Capacity	86		
					Hours of Operation	3:00 PM – 5:00 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	5 – 11 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	spring@jerichopartnership.org					
Operator	JERICO PARTNERSHIP, INC.				Director	DEMIA MOORE					
Endorsements	School Age				Name of Inspector	Jaime Fortin					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	37	# of Staff Present	8	Purpose of Visit	Follow up inspection - children not present at 2/10/2026 inspection and playground not inspected.			

**REGULATIONS NOT IN COMPLIANCE**

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

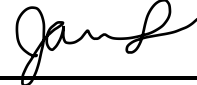

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**DISCUSSIONS/COMMENTS**

Program is compliance for ratio.s- head count conducted- playground inspected but snow covered and unable to determine if 8 inches impact material is present. Program aware must maintain compliance at all times.

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * 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	<b>Jaime Fortin</b>	<b>Dots Torres</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>jaime.fortin@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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