



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	THE LITTLE RIVERBROOK 3'S				License Number	DCCC.13213		Date of Inspection	03/02/2026		
					Expiration Date	3/31/2030		Time of Inspection	09:34 AM		
Address	404 DANBURY ROAD WILTON CT 06897				Telephone	(203) 762-8384		Licensed Capacity	16		
					Hours of Operation	9:00 AM – 1:30 PM		Under Three Capacity			
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	Closed	Weekend Hours	No	
					Program's Email	kfejes@riverbrookymca.org					
Operator	RIVERBROOK REGIONAL YMCA, INC.				Director	KIMBERLY FEJES					
Endorsements	Pre-School				Name of Inspector	Jaime Fortin					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	10	# of Staff Present	2	Purpose of Visit	partial based on 11/10 25 inspection-Swim Ratio's			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

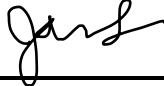

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Verified extra staff- swim instructors added to Childcare staff to ensure proper swim ratio's are maintained. verified on BCIS roster. Program in compliance.

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.
--	-----------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Jaime Fortin	Kimberly Fejes	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
---	--	---

OEC Representative's Email: jaime.fortin@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--