



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

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

Program Name	YMCA SACC AT HATTON SCHOOL				License Number	DCCC.16097		Date of Inspection	03/13/2026		
					Expiration Date	2/28/2029		Time of Inspection	02:59 PM		
Address	50 SPRING LAKE RD SOUTHINGTON CT 06489-4424				Telephone	(860) 426-9521		Licensed Capacity	60		
					Hours of Operation	3:00 PM – 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	ncharnysh@sccymca.org					
Operator	THE SOUTHINGTON-CHESHIRE COMMUNITY YMCAS, INC				Director	NICHOLAS CHARNYSH					
Endorsements	School Age				Name of Inspector	Betty Mayer					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	1	Purpose of Visit	Follow up playground inspection			

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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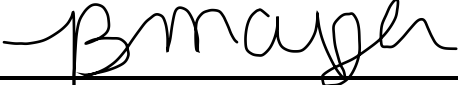

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-7a(h)(1-9)] 111- Outdoor space
Statute and/or Regulation and Description:	[19a-79-7a(h)(7)-(A-C)] 112- Outdoor Protected/Fenced

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	Betty Mayer	Samantha lamkins	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: elizabeth.mayer@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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