



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	WINDERMERE YMCA AFTER SCHOOL PROGRAM					License Number	DCCC.70392		Date of Inspection	03/25/2026	
						Expiration Date	2/28/2030		Time of Inspection	01:30 PM	
Address	2 ABBOTT RD ELLINGTON CT 06029-3800					Telephone	(860) 896-0584		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	Jennifer.motta@ghymca.org				
Operator	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC					Director	JENNIFER MOTTA				
Endorsements	School Age					Name of Inspector	Caroline Adams				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	9	# of Staff Present	03	Purpose of Visit	Change inspection/new playground			

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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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:	[19a-79-7a(i)]	114- Water Hazards	
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Measurements: 100 ft. X 100 ft. =10,000/75= 133 (playscapes)_And _100x100 =10,000 /75= 133 (blacktop)_OK FOR 60, 3 groups of 20._Program to forward soil sample (lead) results as soon as possible.			
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	Caroline Adams	Keith Garbart	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> 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: cec.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: caroline.adams@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	