CONNECTICUT Early Childhood

**DIVISION OF LICENSING**
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

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

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| **Program Name** | VALLEY PRE-SCHOOL | | | | | **License Number** | DCCC.12542 | **Date of Inspection** | 04/01/2026 |
| | | | | | | **Expiration Date** | 4/30/2029 | **Time of Inspection** | 11:06 AM |
| **Address** | 219 NORTH GRANBY ROAD<br>GRANBY CT 06035 | | | | | **Telephone** | (860) 653-3641 | **Licensed Capacity** | 32 |
| | | | | | | **Hours of Operation** | 9:00 AM – 12:00 PM | **Under Three Capacity** | 0 |
| **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** | Vpsmanagingdirector@gmail.com | | |
| **Operator** | VALLEY PRESCHOOL INC | | | | | **Director** | HEATHER ANNE TOKARZ | | |
| **Endorsements** | Pre-School | | | | | **Name of Inspector** | Betty Mayer | | |
| **Numbers of Staff/Children Present** | **# Children Present under age 3** | 0 | **# Total Children Present** | 13 | **# of Staff Present** 5 | **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

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| **Statute and/or Regulation and Description:** | **[19a-79-7a(h)(1-9)]** **111- Outdoor space** |

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| **Statute and/or Regulation and Description:** | **[19a-79-7a(h)(7)-(A-C)]** **112- Outdoor Protected/Fenced** |

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| **Statute and/or Regulation and Description:** | |
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## DISCUSSIONS/COMMENTS

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| **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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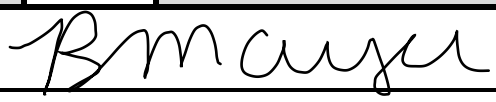
| **Signature of OEC Representative** |  |  | **Signature of Person in Charge** |
| **Printed Name** | **Betty Mayer** | **Heather Tokarz** | **Printed Name** |
| **2nd OEC Representative** | | **APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency. | |
| **Printed Name** | | **THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.** | |

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| CONNECTICUT Early Childhood | **Written Corrective Action Plan due by:** | **DIVISION OF LICENSING**<br>**450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103**<br>**Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552**<br>**Email: oec.licensing@ct.gov Website: www.ctoec.org** |
| **OEC Representative's Email:** **elizabeth.mayer@ct.gov** | | **CAP:** https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |