



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	COMM ORG & OPER LATCH KEY - COOL					License Number	DCCC.13086		Date of Inspection	04/07/2026	
						Expiration Date	2/28/2030		Time of Inspection	03:09 PM	
Address	35 SCHOOL RD ANDOVER CT 06232-1526					Telephone	(860) 742-7339		Licensed Capacity	40	
						Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	0	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 12 years	
New Address						Night Hours	No	Summer Hours	Closed	Weekend Hours	No
						Program's Email	Andovercoolprogram@gmail.com				
Operator	COMM ORG & OPER LATCH KEY -COOL INC BOD					Director	AMY KNOX				
Endorsements	Pre-School, School Age					Name of Inspector	Caroline Adams				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	16	# of Staff Present	4	Purpose of Visit	Playground follow-up (snow covered)			

REGULATIONS NOT IN COMPLIANCE

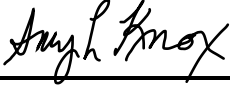
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

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			
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	AMY KNOX	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	