



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	ROBERGE EARLY LEARNING CENTER					License Number	DCCC.12098		Date of Inspection	04/14/2026	
						Expiration Date	9/30/2026		Time of Inspection	10:30 AM	
Address	80 BERLIN RD CROMWELL CT 06416-2602					Telephone	(860) 635-0787		Licensed Capacity	45	
						Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	20	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 9 weeks – years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	relcinc83@gmail.com				
Operator	ROBERGE DAY CARE CENTER INC					Director	JOHN DONOVAN				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Karen Kellerman				
Numbers of Staff/Children Present	# Children Present under age 3	12	# Total Children Present	31	# of Staff Present	7	Purpose of Visit	Partial for Ratio/Group size from 1/12/2026 full inspection			

REGULATIONS NOT IN COMPLIANCE

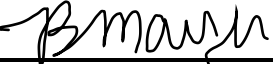
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(c)(2)] 118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
Statute and/or Regulation and Description:	[19a-79-10(c)(3)] 119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)

Statute and/or Regulation and Description:			
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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	Karen Kellerman	John donovan	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. THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	
Printed Name	Betty Mayer		
		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: karen.kellerman@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	