



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

Program Name	AROUND THE CLOCK 4 TOTS				License Number	DCCC.70802		Date of Inspection	04/29/2026	
					Expiration Date	12/31/2028		Time of Inspection	09:17 AM	
Address	41 W HARTFORD RD NEWINGTON CT 06111-1122				Telephone	(860) 897-6344		Licensed Capacity	46	
					Hours of Operation	6:00 AM – 6:30 PM		Under Three Capacity	36	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 8 weeks – years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	atc4ts@gmail.com				
Operator	AROUND THE CLOCK 4 TOTS LLC				Director	TIFFANY WEST				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Kellerman				
Numbers of Staff/Children Present	# Children Present under age 3	3	# Total Children Present	3	# of Staff Present	2	Purpose of Visit	Follow-up for staffing and attendance records		

**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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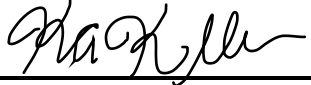


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<b>REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-3a(d)(1)]                      012-Daily Attendance Records: Children/Staff
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(d)(2)]                      025- Two staff present - age 18 or older

<b>Statute and/or Regulation and Description:</b>	
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**DISCUSSIONS/COMMENTS**

*(This section is currently blank for discussions and comments.)*

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * 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	Karen Kellerman	Tiffany West	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name	Betty Mayer	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>karen.kellerman@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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