



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
 INVESTIGATION**

Program Name	YMCA BUTTONBALL SACD				License Number	DCCC.13198		Date of Inspection	04/29/2026		
					Expiration Date	3/31/2030		Time of Inspection	01:45 AM		
Address	376 BUTTONBALL LN GLASTONBURY CT 06033-3217				Telephone	(860) 719-2839		Licensed Capacity	70		
					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 years - 12 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	cassidy.flanagan@ghymca.org					
Operator	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC				Director	CASSIDY C FLANAGAN					
Endorsements	School Age				Name of Inspector	Dianna Wassenhove					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	32	# of Staff Present	3	Purpose of Visit	Investigation 2026-313			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)]	028- Supervision
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Program not in compliance with ensuring the supervision of children at all times while on field trips when thr program left a child outside alone for 20 minutes. Staff were not aware the child was missing. A school employee found the child and brought him back too the group.

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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NOT SUBSTANTIATED or PENDING	
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DISCUSSIONS/COMMENTS

Cassidy will e-mail me staff statements, discipline that occurred for the staff as well as incident report. No staff present that were here the day of the incident. Cassidy was in ratio at another program and could not come to the school.

Were Violations cited during this visit? Y or N?	Yes	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	Dianna Wassenhove	Jevon Gilliam	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> 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.	

	Written Corrective Action Plan due by: 05/13/2026	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
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OEC Representative's Email: dianna.wassenhove@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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