

Initial Unannounced Full Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain YMCA Preschool Date: 3/8/23 Time: 11:00

Location Address: 50 High St. Telephone #: 860-229-3787

e-mail address: tralentin@meridenymca.org License #: 70356 Expiration Date: 5/31/25

Capacity: 74 # of Children Present: 43 # of Staff Present: 8

**Consent to Inspect
Family Child Care Home**

*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____*

Purpose of visit: ratio partial inspection

Observations/Corrections needed:

NO violations

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: Allyson Miller
(Person in Charge)

Print Name: Allyson Miller