

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain's YMCA Preschool Date: 11/2/23 Time: 9:30am
Location Address: 50 High Street, New Britain, CT Telephone #: 860-356-0419
e-mail address: amiller@NBBymca.org License #: 70356 Expiration Date: 5/31/25
Capacity: 58/16 # of Children Present: 50 # of Staff Present: 9

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: follow-up - (2023-~~564~~ 933)

Observations/Corrections needed:

PIC - Allyson Miller - Site manager / Directs

(NS) 19a-79-4a(c)4(A) - Staffing Ratio - Program was in appropriate
staff ratio during visit

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

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

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: o/p

Signature: x Allyson Miller
(Person in Charge)
x Allyson Miller