

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 YMCA Preschool Date: 10/17/23 Time: 10:00

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

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

Capacity: 90/45 # of Children Present: 58 # of Staff Present: 15

**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 n/a

Purpose of visit: follow up to 8/24/23 inspection

Observations/Corrections needed:

#1 Local health inspection: VOK 9/12/23

#9 Fire marshal certificate: VOK 6/2/23

#11 Food service certificate posted: VOK

#12 Menus posted: VOK

#17 Professional development: VOK

#18b Background checks: VOK

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 10/31/23

Signature: Allyson Miller
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain YMCA Preschool License # 70356 Date: 10/17/23

Observations/Corrections needed:

#26 consultant contracts: VOK#45 License premise: cubbies not secure in P2.#49 Lead water test: VOK 8/22/23#69 walls/ceilings/floors: VOK#76 Hazardous substances: VOK#99 Diaper cream with permission: VOK#112 Physical barrier: door observed to be open in T3 upon arrival.#119 Diaper changing table nonporous: VOK#123 Diaper changing procedure posted: VOK19a-79-10(c)(2) upon arrival observed 1 staff to 6 children in T2. Staff was using restroom.

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Allyson Miller
(Person in Charge)OEC BY: 10/31/23