



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

|                                 |   |                          |    |                        |                          |                            |                             |            |
|---------------------------------|---|--------------------------|----|------------------------|--------------------------|----------------------------|-----------------------------|------------|
| <b>Program Name</b>             | NEW BRITAIN YMCA - PRESCHOOL            |                          |    |                        | <b>License Number</b>    | DCCC.70356                 | <b>Date of Inspection</b>   | 03/01/2024 |
|                                 |   |                          |    |                        | <b>Expiration Date</b>   | 5/31/2025                  | <b>Time of Inspection</b>   | 11:53 AM   |
| <b>Address</b>                  | 50 HIGH ST<br>NEW BRITAIN CT 06051-2206 |                          |    |                        | <b>Telephone</b>         | (860) 229-3787             | <b>Total Capacity</b>       | 90         |
|                                 |   |                          |    |                        | <b>Days and Hours</b>    | MON-FRI 7:00 AM TO 5:30 PM | <b>Under Three Capacity</b> | 48         |
| <b>#Children Present</b>        | 70                                      | <b># Under 3 Present</b> | 33 | <b># Staff Present</b> | 28                       | <b>Summer Care</b>         | Open                        |            |
| <b>Purpose of Investigation</b> | Follow up Case 2024-105                 |                          |    |                        | <b>Name of Inspector</b> | Lauren Hull                |                             |            |
| <b>Program's Email</b>          | tvalentin@meridenymca.org               |                          |    |                        | <b>Inspector's Email</b> | lauren.hull@ct.gov         |                             |            |

**Regulatory Violations**

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>Statute and/or Regulation</b> [-] | <b>Description:</b> 000 No Violations |
|--------------------------------------|---------------------------------------|

No violations were cited during this inspection

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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Other Findings- Regulations In Compliance or Pending</b>                         |  |
| <b>Statute and/or Regulation</b> [19a-79-4a(c)(4)(A) thru (C) &/or 19a-79-4a(c)(6)] | <b>Description</b> 021-Ratio: 1 Staff to 10 Children |
| <p>Walk through conducted. No violations at this visit.</p>                         |  |
| <b>Statute and/or Regulation:</b>   | <b>Description:</b>                                  |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>YES/NO:</b> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|---|

**Discussions**

**Comments**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |                                   |                                |  |
|---|-----------------------------------|--------------------------------|--|
| <br>(Signature of OEC Representative) | (Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| Lauren Hull<br>(Printed Name)   | (Printed Name)                    |                                | Allyson Miller<br>(Printed Name)   |