

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain YMCA Date: 6/4/25 Time: 12:35 pm

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

e-mail address: Kpacheco@newbritymca.org License #: 70356 Expiration Date: 5/31/29

Capacity: 90/48 # of Children Present: 71/31 # of Staff Present: 18

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2025-550

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when she unknowingly left the classroom and was found about a minute later by another staff. No staff observed sleeping or on their phones during walk through.

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: 6/18/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Kelly Haisow