

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain YMCA Date: 6/20/25 Time: 9:45

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

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

Capacity: 90/48 # of Children Present: 64/38 # of Staff Present: 17

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: Follow up case 2025-550

Observations/Corrections needed:

(NS) 19A-79-4a(c)(4)(D) - Staffing - Supervision - Walk through - 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: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Kelly Houston