

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

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: New Britain Ymca Preschool Date: 8/7/25 Time: 10:30  
Location Address: 50 High St. New Britain Telephone #: 860-229-3787  
e-mail address: Kpacheco.houston@nbbyma.org License #: 70256 Expiration Date: \_\_\_\_\_  
Capacity: 100 # of Children Present: 65 # of Staff Present: 20

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> _____ <b>Provider/Applicant/Substitute's Signature</b>
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Purpose of visit: Investigation case 2025-788

Observations/Corrections needed:

① NS 19a-79-3a (b)(7)(A) - Administration - Child behavior management - no evidence to support regulatory violation.

② NS 19a-79-4a (d)(3)(A) - Staffing - Personal qualities - no evidence to support regulatory violation.

③ S 19a-79-10 (g)(1) - Under 3 endorsement - Safe sleep - observed 3 loose crib sheets - 1 with an infant sleeping.

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: 8/21/25

Signature: Kawman  
(OEC Representative)

Print Name: Kristin Morgan

Signature: Kelly Houston  
(Person in Charge)

Print Name: Kelly Houston