☐ 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 Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Britain YMCA - Preschool Date: 8/12/25 Time: 2:50

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

e-mail address: kpachecohouston@nbhymca.org License #: 70354 Expiration Date: 5/31/29

Capacity: 90 # of Children Present: 64 # 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*** _____

Purpose of visit: follow up on safe sleep 2025-788

Observations/Corrections needed:

19a-79-10(g) - under 3 endorsement - safe sleep 4:2
- in compliance today. 6:2
5:2
14:2
4:2
7:2
6:2
18:2

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: Kristi Morgan

Signature: [signature]
(Person in Charge)
Print Name: Kelly Houston