



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	PHELPS INGERSOLL CENTER FOR CHILDREN				License Number	DCCC.15442		Date of Inspection	12/03/2025		
					Expiration Date	3/31/2026		Time of Inspection	01:39 PM		
Address	99 UNION ST MIDDLETOWN CT 06457-3427				Telephone	(860) 343-6227		Licensed Capacity	53		
					Hours of Operation	7:00 AM - 5:30 AM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 - 5 years - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	khurlbert@midymca.org					
Operator	YMCA OF NORTHERN MIDDLESEX COUNTY, INC.				Director	KARYN HURLBURT					
Endorsements	Pre-School, School Age				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	41	# of Staff Present	6	Purpose of Visit	follow up to case 2025-1213 on supervision			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

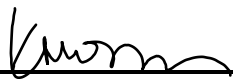
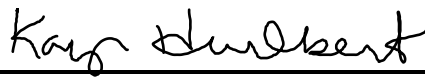
Statute and/or Regulation and Description:

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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] Not Substantiated 028- Supervision
The regulation regarding supervision was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Karyn Hurlbert	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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