



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**

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|-----------------------------------|--|---|--------------------------|----|--------------------|--------------------|------------------|---------------------------|---------------|----|--|
| Program Name | MERIDEN YMCA @ JOHN BARRY | | | | License Number | DCCC.70250 | | Date of Inspection | 03/24/2026 | | |
| | | | | | Expiration Date | 8/31/2027 | | Time of Inspection | 02:53 PM | | |
| Address | 124 COLUMBIA ST MERIDEN CT 06451-3171 | | | | Telephone | (203) 514-9755 | | Licensed Capacity | 134 | | |
| | | | | | Hours of Operation | 6:30 AM - 6:00 PM | | Under Three Capacity | 0 | | |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Fri | | Ages Served | 5 - 11 years | | |
| New Address | | | | | Night Hours | No | Summer Hours | Closed | Weekend Hours | No | |
| | | | | | Program's Email | sfusco@nbbymca.org | | | | | |
| Operator | MERIDEN-NEW BRITAIN-BERLIN YMCA, INC. | | | | Director | STEPHANIE FUSCO | | | | | |
| Endorsements | School Age | | | | Name of Inspector | Kristi Morgan | | | | | |
| Numbers of Staff/Children Present | # Children Present under age 3 | 0 | # Total Children Present | 14 | # of Staff Present | 3 | Purpose of Visit | Self-report case 2026-196 | | | |

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

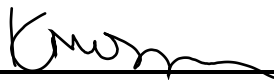

Statute and/or Regulation and Description:


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| Statute and/or Regulation and Description: | |
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| NOT SUBSTANTIATED or PENDING | |
| Statute and/or Regulation and Description: | [19a-79-4a(d)(4)(D)] Pending |
| | 028- Supervision Supervision compliance is pending further investigation |
| Statute and/or Regulation and Description: | |
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DISCUSSIONS/COMMENTS

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| 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 | Stephanie Fusco | 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. | | |

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|  | 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: oc.licensing@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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