



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
 FOLLOW UP – PARTIAL INSPECTION**

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|-----------------------------------|--|----|--------------------------|----|--------------------|----------------------|------------------|----------------------|---------------------|----|--|
| Program Name | MERIDEN-NEW BRITAIN-BERLIN YMCA | | | | License Number | DCCC.70328 | | Date of Inspection | 05/07/2026 | | |
| | | | | | Expiration Date | 9/30/2028 | | Time of Inspection | 01:10 PM | | |
| Address | 111 HART ST NEW BRITAIN CT 06052-1707 | | | | Telephone | (860) 505-0904 | | Licensed Capacity | 40 | | |
| | | | | | Hours of Operation | 7:00 AM – 5:30 PM | | Under Three Capacity | 24 | | |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Fri | | Ages Served | 6 – 5 weeks – years | | |
| New Address | | | | | Night Hours | No | Summer Hours | Open | Weekend Hours | No | |
| | | | | | Program's Email | arobinson@nbymca.org | | | | | |
| Operator | MERIDEN-NEW BRITAIN-BERLIN YMCA, INC. | | | | Director | JACINYA BENJAMIN | | | | | |
| Endorsements | Pre-School, Under Three | | | | Name of Inspector | Lauren Hull | | | | | |
| Numbers of Staff/Children Present | # Children Present under age 3 | 19 | # Total Children Present | 29 | # of Staff Present | 8 | Purpose of Visit | Partial for case 36 | | | |

REGULATIONS NOT IN COMPLIANCE

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| Statute and/or Regulation and Description: | [-] 000 No Violations |
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No violations were cited during this inspection

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| Statute and/or Regulation and Description: | |
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REGULATIONS IN COMPLIANCE

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|---|--|
| Statute and/or Regulation and Description: | [19a-79-10(g)(1-8)] 130- Safe Sleep |
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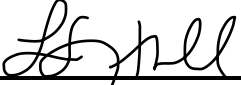

The regulation regarding safe sleep was found to be in compliance during this visit.

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| 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 | Lauren Hull | Jacinya Benjamin | 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: lauren.hull@ct.gov | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |
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