☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center Date: 7-20-21 Time: 8:00am

Location Address: 70A Canterbury St. East Hartford, CT Telephone #: 860-324-0848

e-mail address: Krista.Clark@ymca.org License #: 15820 Expiration Date: 8-31-21

Capacity: 109 # of Children Present: 15 # of Staff Present: 3

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*** NA

Purpose of visit: Ratio Follow-Up from 7-9-21 Inspection

Observations/Corrections needed:

Ratio- In compliance

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: NA

Signature: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

Signature:
(Person in Charge)
Print Name: Virginia Thmerge