

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwest CT YMCA Childcare Date: 8/31/21 Time: 12:45 PM

Location Address: 259 Prospect St. Torrington Telephone #: 860 489 3133 x125

e-mail address: jfreer@nwcty.org License #: 13419 Expiration Date: 4/30/22

Capacity: 124/52 # of Children Present: 39 # of Staff Present: 11

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 N/A

Purpose of visit: Complaint Investigation Case 2021-543

Observations/Corrections needed:

NS 19a-79-3a(a) - Administration - Ensuring the health safety and development of children - No evidence to substantiate that staff are not wearing masks at any time.

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - No evidence to substantiate that staff are not supervising the children.

S 19a-79-5a(a)(3) - Record Keeping - Injury reports - Staff failed to notify parents or write an injury report when a child fell and scraped her knees at the program.

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: 9/14/21

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)

Print Name: Jana A Freer