

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bridgeport YMCA / Kolbe Educational Center Date: 11-29-21 Time: 2pm
Location Address: 401 Kossuth Ave Bridgeport Telephone #: 203-332-6447
e-mail address: TmcCarthy@clymca.org License #: 16131 Expiration Date: 4-30-25
Capacity: 192 # of Children Present: 79 # of Staff Present: 28

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 <u>WT</u>
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Purpose of visit: Partial on violation #130 that was cited on 9-16-21

Observations/Corrections needed:
#130 is in compliance at this inspection.

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: _____

Signature: Cathy Anders
(OEC Representative)
Print Name: Cathy Anders
Signature: Jennifer Meriz
(Person in Charge)
Print Name: Jennifer Meriz