

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Naugatuck Ymca Date: 3/25/22 Time: 2:30

Location Address: 140 Andrew Ave. Naugatuck Telephone #: 203 217-5931

e-mail address: sbeck@naugatuckymca.org License #: 70256 Expiration Date: 8/31/23

Capacity: 72 # of Children Present: 30 # of Staff Present: 4

**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 _____

Purpose of visit: Investigation 2122-189

Observations/Corrections needed:

(S) 19a-79-3a(b)(8)(A) Administration, manage child behaviors - operator failed to have staff manage child behavior in a developmentally appropriate manner when staff picked child up, carried child upside down and physically put child onto bench for time-out.

(P) 19a-79-4a(c)(3)(A) Staffing, qualities to work with children. - pending interview with staff.

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: 4/8/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Sherrise J
(Person in Charge)

Print Name: Sherrise J