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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center Date: 7-1-22 Time: 9:15 am

Location Address: 70A Canterbury St. East Hartford Telephone #: 860-568-1437

e-mail address: Krista.Clark@ghymca.org License #: 15820 Expiration Date: 8-31-25

Capacity: 76 # of Children Present: 26 # of Staff Present: 8

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: Under 3 Group. Size follow-up from 6-8-22 Inspection

Observations/Corrections needed:

Group Size in Compliance

Supervision 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: Karen Austin
(Person in Charge)
Print Name: Karen Austin