

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwest Ymca Date: 9/23/22 Time: 10:30

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

e-mail address: jfreere@nwcty.org License #: 13419 Expiration Date: 6/30/22

Capacity: 126 # of Children Present: 21 # of Staff Present: _____

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up BCIS violation

Observations/Corrections needed:

program in compliance per staff interviews.
(3) staff have not been working in classrooms.
staff attendance records inaccessible - director
only person with access. Discussed additional staff to
have access in absence of director

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jame Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/7/22

Signature: _____
(Person in Charge)