

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA School Date: 10-28-22 Time: 11

Location Address: 29 High St., Southington <sup>Age Program</sup> Telephone #: 860-621-8130

e-mail address: ceassesse@secymca.org License #: 15656 Expiration Date: 11-30-25

Capacity: 100 # of Children Present: 55 # 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 \_\_\_\_\_

Purpose of visit: follow up case # 2022-792

**Observations/Corrections needed:**

NS 19a.79.4a(c)(4)(D) - supervision - observed proper supervision and ratios in all classrooms

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: [Signature]  
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]  
(Person in Charge)

Print Name: Kari Kobarge