

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA Date: 9-30-22 Time: 11:30

Location Address: 29 High St., Southington Telephone #: 860-621-8130
School Age Program

e-mail address: chrissy License #: 15656 Expiration Date: 11-30-25
ccasslesse@scymca.org

Capacity: 100 # of Children Present: 51 # of Staff Present: 10

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: Case # 2022-792

Observations/Corrections needed:

S- 19c.79-4g(e)(4)(D) supervision. A child was
left unsupervised for 34 minutes
in classroom during transition to
playground.

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: [Signature] Korn
Elly
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10-14-22

Signature: [Signature]
(Person in Charge)
Kari H. Robage