

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA NAUBUC SACD Date: 11/29/22 Time: 3:05
Location Address: 82 Griswold St, Eastonbury Telephone #: (860) 550-4368
e-mail address: sarah.ralston@ghymca.org License #: 12377 Expiration Date: 3/31/25
Capacity: 50 # of Children Present: 8 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Staffing Follow-up

Observations/Corrections needed:

- 18b. Background checks: OK ✓
- 20. Two staff present: OK ✓
- 145. Ratio: OK ✓

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: E. Waight
(OEC Representative) **E. Waight**

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Cassidy Flanagan
(Person in Charge) **Cassidy Flanagan**