

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Naugatuck Ymca Preschool Date: 2/1/22 Time: 12:00
Location Address: 284 Church St. Naugatuck Telephone #: (203) 729-4622
e-mail address: rpaul@naugatuckymca.org License #: 12283 Expiration Date: 2/28/25
Capacity: 74 # of Children Present: 55 # of Staff Present: 14

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 - Safe Sleep from 1/18/22 inspection

Observations/Corrections needed:
Program in compliance for safe sleep.
crib sheet tight fitting

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: James Fortin
(OEC Representative)

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

Signature: Russ Paul
(Person in Charge)