

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

SUPPLEMENTAL REPORT OF INSPECTION

Date: 1-18-23 Time: 9:27

Name of Program/Provider: Greater Waterbury YMCA Rose Hill

Location Address: 63 Prospect St. Waterbury Telephone #: 203-754-9622

e-mail address: kjones@waterburymca.org License #: 70505 Expiration Date: 8/31/23

Capacity: 170/24 # of Children Present: 37/17 # of Staff Present: 12

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 <u>na</u>
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Purpose of visit: Partial Inspection

Observations/Corrections needed:

OK 19a.79-9a(c) Supervision: observed all children to be appropriately supervised during inspection

OK 19a.79-10 (c) Under 3 group size: observed all groups of children under 3 to be in appropriate group size and ratio. Observed barriers secure and in use.

OK 19a.79-10(c) Under 3^{sleep} arrangements; observed 2 children over ~~3~~^{12 months} asleep, one with a blanket. No children under 12 months observed to be sleeping.

Discussed. Observed 2 bags (plastic) with the days project in infant room; not accessible to the children during visit, not locked.

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: -na-

Signature: Jennifer Severe
(OEC Representative)

Print Name: Jen Severe

Signature: Phyllis Lucas Coleman
(Person in Charge)

Print Name: Phyllis Lucas-Coleman