

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA ^{School} Age Date: 1-31-23 Time: 1:30

Location Address: 29 High St., Southington Telephone #: 860-641-8130

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

Capacity: 100 # of Children Present: 23 # of Staff Present: 7

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: 3 month follow up case #2022-792

Observations/Corrections needed:

NS - 19a-79-4a(c)(4)(v) - observed proper supervision
and ratios inside and outside.

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] Kenn Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

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