

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Naubuc SACD Date: 3/13/23 Time: 3:10

Location Address: 82 Griswold St, Eastonbury Telephone #: (860) 550-4368

e-mail address: kyle.thompson@ghymca.org License #: 12377 Expiration Date: 3/31/25

Capacity: 50 # of Children Present: 16 # of Staff Present: 3

**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 _____

Purpose of visit: staffing Partial

Observations/Corrections needed:

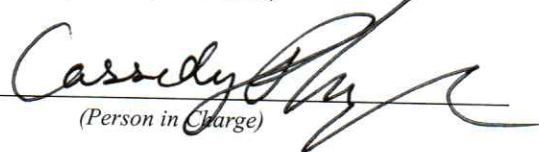
Ratio in compliance | 2+ staff present at arrival of children.

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: 
(OEC Representative)

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

Signature: 
(Person in Charge)