

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Waterbury YMCA at Tinker School Date: 5/17/23 Time: 2:30

Location Address: 809 Highland Ave, Waterbury Telephone #: 203-233-1084

e-mail address: cpowell@waterburyymca.org License #: 70121 Expiration Date: 8/31/25

Capacity: 68 # of Children Present: 14 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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</i>
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Purpose of visit: follow up on ratio

**Observations/Corrections needed:**

in compliance 10:1  
4:1

Observed current local health inspection  
at today's visit. local health inspection  
dated 5/15/23.

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: N/A

Signature: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Emily Powell