

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hamden/NorthHaven YMCA Reek Center Date: 5/25/23 Time: 4:10

Location Address: 11 Pine St. Hamden Telephone #: 203 562-5129 x1117

e-mail address: kforsyth@cccymca.org License #: 70503 Expiration Date: 8/31/23

Capacity: 38 # of Children Present: 10 # of Staff Present: 2 +2

**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: Investigation 2023-411

Observations/Corrections needed:

(P) 19a-79-4a(c)(4)(D) Supervision

(P) 19a-79-3a(d) Implement policies

Pending completion of interviews. Some staff not present on day of visit.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Kathryn Forsyth
(Person in Charge)

Print Name: Kathryn Forsyth