

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center Date: 7-11-23 Time: 8:30am

Location Address: 770 main St. East Hartford Telephone #: 860-568-1437

e-mail address: Krista.Clark@ghymca.org License #: 15820 Expiration Date: 8-31-25

Capacity: — # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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 <u>NA</u>
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Purpose of visit: Change of Address follow-up

Observations/Corrections needed:

#49 - Lead water test not available for inspection

#67 - Hot water temp reads at 126.8

#88 - Impact absorbing material does not cover fall zones for both Climbers.

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: _____

Signature: D. Wassenhove
(OEC Representative)

Print Name: Dianna Wassenhove

Signature: Virginia Thivierge
(Person in Charge)

Print Name: Virginia Thivierge