

- Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Haven YMCA Youth Center Date: 8/23/23 Time: 3:15

Location Address: 52 Howe St. New Haven Telephone #: 203 535-2569

e-mail address: abrice@cccymca.org License #: 14328 Expiration Date: 6/30/24

Capacity: 120/16 # of Children Present: 11 # 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: Investigation 2023-809

Observations/Corrections needed:

(P) 19a-79-3a(b)(8)(A) manage child behaviors - pending completion of interviews

(NS) 19a-79-3a(b)(7) staff trained on policies - operator provided evidence of staff trained on program policies

(NS) 19a-79-~~4~~a(a)+(b) staffing - file for staff - operator provided evidence of medical form, discipline records and background check for staff person.

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

Signature: Karen Hicks

(OEC Representative)

Print Name: Karen Hicks

Signature: Mickie Brown