☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Waterbury YMCA - Rose Hill Date: 10/18/23 Time: 12:20

Location Address: 63 Prospect St. Waterbury Telephone #: 203-754-9622

e-mail address: Kjones@waterburyymca.org License #: 70505 Expiration Date: 8/31/27

Capacity: 170/24 # of Children Present: 32 # of Staff Present: 8(1)

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: follow up on safe sleep

Observations/Corrections needed:

in compliance today 12:2

6:2

6:2

8:2

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: Kristi Morgan
(OEC Representative)

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

Signature: Phyllis L. Coleman
(Person in Charge)

Phyllis Lucas-Coleman.