

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Naugatuck YMCA School's at Western Date: 1/22/23 Time: 6:45

Location Address: 100 Pine St. Naugatuck Telephone #: 475-296-1400

e-mail address: _____ License #: 70238 Expiration Date: 4/30/27

Capacity: 4A # of Children Present: 0 # of Staff Present: 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: Follow up on operating hours + 2 people on site.

Observations/Corrections needed:

in compliance

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: Kawman

(OEC Representative)
Print Name: Kris Morgan

Signature: Max Rupert

(Person in Charge)
Print Name: Max Rupert