

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wilson Gray YMCA Youth and Family Center Date: 3/21/24 Time: 7:40am

Location Address: 444 Albany Av Hartford Ct 06120 Telephone #: 860-241-9622

e-mail address: kim.cok@jshymca.org License #: 70713 Expiration Date: 6/30/27

Capacity: 20 # of Children Present: - # of Staff Present: -

Consent to Inspect *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all Family Child Care Home child care records as required by Family Child Care Home Regulations.*
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Notification of Changes.

Observations/Corrections needed:

9a-79-306c)(1): Failed to notified OEC of personnel changes made within 5 business days after the change when the licensing specialist received a notification of changes on 3/26/24 through email for a new director hired on 2/15/24 for 5 licensed programs (#70713 #70482 #70262 #12108 #70265). The notification of changes is dated 3/14/24 and was sent to the licensing specialist after an inquiry regarding a corrective Action Plan not received for a before and afterschool program.

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: 
(OEC Representative)

Signature: Sent via email,
(Person in Charge)
First class and certified mail

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/3/24