

Connecticut Office of Early Childhood
Division of Licensing
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA @ JFK Date: 10/25/21 Time: 8:10 am

Location Address: 404 West Ave Wilford Telephone #: 203 783 3646

e-mail address: JManihsky @ CCCYMCA.org License #: 70175 Expiration Date: 8/31/28

Capacity: 75 # of Children Present: 20 # 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 _____
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Purpose of visit: Complaint Investigation Case 2024-1115

Observations/Corrections needed:

NS 19a-79-3a(b)(2) - Administration - Meeting the Needs - No evidence that the program did not make efforts to meet with the family of a child with autism /special needs, to develop plan and strategies.

NS 19a-79-3a(d) - Administration - Program Policies - No evidence that the program did not follow their policies in regards to registration requirements, parent communication and electronic devices.

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: [Signature]
 (OEC Representative)
 Lauren Hull

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

Signature: [Signature]
 (Person in Charge) Dawn Glorioso
[Signature] Susie Markinsky