

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA S/A Date: 1/14/25 Time: 9:45 AM

Location Address: 29 High St. Southington Telephone #: 860 628 5597

e-mail address: Mnewman@sccymca.org License #: 15656 Expiration Date: 11/30/25

Capacity: 100 # of Children Present: 54 # of Staff Present: 11

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: <u>N/A</u>
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Purpose of visit: Self report Case 2025-28

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) Staffing - Supervision - Staff failed to supervise a child when he was able to leave a classroom unnoticed and was found in the lobby 3 min. later.

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: 1/28/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: Melissa Newman
(Person in Charge)

Print Name: Melissa Newman