

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA Date: 1/30/25 Time: 1:00 pm

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

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

Capacity: 100 # of Children Present: 38 # of Staff Present: 7

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 <u>N/A</u>	

Purpose of visit: Follow up case 22528

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) - Staffing - Supervision walk through conducted.
No violations at this visit

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: [Signature]
(OEC Representative)

Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)

Print Name: Melissa Newman