

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Waterbury YMCA @ Rose Hill Date: 2/7/25 Time: 8:15

Location Address: 63 Prospect St. Wthg Telephone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_ License #: 70505 Expiration Date: 8/31/27

Capacity: 208/24 # of Children Present: 21/13 # of Staff Present: 7

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: partial inspection on group size - playground.

Observations/Corrections needed:

7:2 in compliance today.

5:2

4:1

4:2

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: Kimi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: \_\_\_\_\_