

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Waterbury Ymca Date: 2/24/12 Time: 2:45  
Location Address: 136 West main st. Wtby Telephone #: 203-754-9022  
e-mail address: Kjones@waterburyymca.org License #: 13034 Expiration Date: 1/31/14  
Capacity: 222 # of Children Present: 124 # of Staff Present: 20

**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: follow up on playground + group size

Observations/Corrections needed: additional violation  
13:2 19a-79-10 (g)(4) - observe infant sleeping  
14:2 in a bouncy seat during walk through. Returned  
8:1 to room after completing head count +  
13:2 infant had not yet been moved.  
14:2  
17:2  
5:2 - playground in compliance  
4:11 - group size in compliance.  
8:2  
18:2  
8:11

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: 3/12/12

Signature: [Signature]  
(OEC Representative)  
Print Name: Kristin Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Kristen Jones