☐ Initial ☑ Unannounced ~~Full~~/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greater Waterbury YMCA CDC Date: 5/22/25 Time: 11:30

Location Address: 136 West Main St. Waterbury Telephone #: _____

e-mail address: kjones@waterburyymca.org License #: 13034 Expiration Date: 1/31/24

Capacity: 222/24 # of Children Present: 133 # of Staff Present: 23

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*** _____

Purpose of visit: partial inspection on group size + safe sleep.

Observations/Corrections needed:

~~19a-79-10 (g)(4) - observed infant sleeping in a swing~~ OK (KW) 5:2

~~Additional violation:~~ Child was 1 year old. 9:2

7:2

14:3

in compliance today 18:2

16:3

14:3

14:2

18:2

18:2

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: KWMorgan
(OEC Representative)

Print Name: Kerson Morgan

Signature: Phyllis Lucas-Coleman
(Person in Charge)

Print Name: Phyllis Lucas-Coleman.