

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wilson Gray YMCA Youth and Family Center Date: 6/2/25 Time: 12:40 PM

Location Address: 444 Albany Avenue Hartford Telephone #: 860-241-9622

e-mail address: Kayla.miner@ghymca.org License #: 70713 Expiration Date: 6/30/27

Capacity: 44/24 # of Children Present: 10 # of Staff Present: 4

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: case 2025-555 (Self-report)

Observations/Corrections needed:

19a-79-3a(d)(5) Administration - Supervision Policy

⑤ Regulation not in compliance when staff did not follow program policy in relation to ^{ensuring} supervision at all times when a management staff walked into a classroom and observed a staff sleeping and had to wake staff up.

19a-79a-4a(d)(4)(D) Staffing - Supervision

⑤ Regulation not in compliance when staff failed to supervise children in the classroom when she fell ^{asleep} and remained asleep for at least 10 minutes until management staff woke her up. Management staff verified timeframe by viewing classroom video footage.

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: 6/16/25

Signature: Evelyn Vicente Quiriones
(OEC Representative)

Print Name: Evelyn Vicente Quiriones

Signature: K Miner
(Person in Charge)

Print Name: Kayla Miner