

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bridgeport YMCA/Kolbe Educational Center Date: 6/16/25 Time: 8:50am
Location Address: 401 Kossuth St. Bpt., CT. 06608 Telephone #: (203) 332-6447
e-mail address: jrivera@cccymca.org License #: 16131 Expiration Date: 4-30-29
Capacity: 192 # of Children Present: 69 # of Staff Present: 18

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: Self Reported Incident

Observations/Corrections needed:

S=19a-79-3a (d)(5)(c) Indoor supervision policy not implemented when states "staff may not leave children unattended"

S=19a-79-4a(d)(4)(D)- child was left unsupervised in his classroom when staff left the room with the remaining 5 in her group to go to the gym. video shows child was unsupervised for 15 minutes when another staff found him.

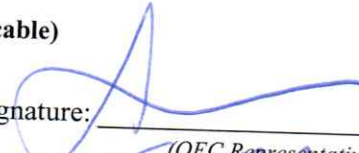

S=19a-79-4a(d)(3)(A) Staff didn't demonstrate the qualities to care for and work with children when they didn't know a child in their class was missing for 15 minutes.

Program to send video and staff statement.

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: 6-30-25

Signature: 
(OEC Representative)
Print Name: Terri K Roberts
Signature: 
(Person in Charge)
Print Name: Jadette Rivera