

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Waterbury YMCA Date: 6/16/25 Time: 12:30
Location Address: 136 W Main St. Waterbury Telephone #: 203-754-9622
e-mail address: kjones@waterburyymca.org License #: 13034 Expiration Date: 1/31/26
Capacity: 222/24 # of Children Present: 125 # of Staff Present: 22

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 _____
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Purpose of visit: Investigation case 2025-584

Observations/Corrections needed:

⑤ 19a-79-3a Cb)(7) - Administration - managing child behavior program failed to manage child behavior in a developmentally appropriate way when staff pushed child after being hit on head with a toy by the child.

⑧ 19a-79-3a^{4a} - Stalking - no evidence to support regulatory violation

19a-79-10(g)(1) - observed infant sleeping on their stomach
19a-79-10(g)(4) on a play gym mat on the floor.

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: [Signature]
(OEC Representative)
Print Name: Kristen Jones
Signature: [Signature]
(Person in Charge)
Print Name: KRISTEN JONES