

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greater Waterbury YMCA CDC Date: 6/24/25 Time: 2:40

Location Address: 136 W Main St. Waterbury Telephone #: 203-7549622

e-mail address: Kjones@waterburyymca.org License #: 13034 Expiration Date: 1/31/26

Capacity: 222/24 # of Children Present: 114 # of Staff Present: 26

**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 safe sleep

Observations/Corrections needed:

7:3 in compliance today.  
4:2  
5:3  
14:3  
17:2  
11:3  
10:3  
19:2  
13:2  
13:2

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: [Signature]  
(OEC Representative)  
Print Name: Krisi Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Holly Ramos