

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: 6/24/25 Time: 12:15 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: 14 # of Staff Present: 6

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Follow up to 6/2/25 visit

Observations/Corrections needed:

19a-79-4a(d)(4)(D) Staffing - Supervision
NS Regulation in compliance at time of OEC visit today.

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: [Signature]

Signature: [Signature]
(OEC Representative)
Print Name: Evelyn Vicente Quinones
Signature: [Signature]
(Person in Charge)
Print Name: Kayla Miner