

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bridgeport Ymca/Kolbe Educational Center Date: 6/23/25 Time: 9:15am

Location Address: 401 Kossuth St. Bridgeport, CT 06608 Telephone #: (203) 332-6447

e-mail address: jrvera@cccymca.org License #: 16131 Expiration Date: 4.30.29

Capacity: 192 # of Children Present: 94 # of Staff Present: 25

**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: Supervision Follow Up

Observations/Corrections needed:

No violations at this visit

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: \_\_\_\_\_

(OEC Representative)

Print Name: Jean R Roberts

Signature: \_\_\_\_\_

(Person in Charge)

Print Name: Sennifer Muniz