

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center Date: 7/24/25 Time: 8:28 AM

Location Address: 770 Main Street East Hartford Telephone #: 860-289-6612

e-mail address: laquita.ames@ghymca.org License #: 15820 Expiration Date: 8/31/25

Capacity: 57/14 # of Children Present: 13 # of Staff Present: 4

**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: case 2025-633

Observations/Corrections needed:

19a-79-5a(a)(3)(A) Record Keeping - Incident Report

⑤ Regulation not in compliance when parent was not provided an incident report to this date and incident occurred in June 2025.

⑤ Regulation not in compliance when program is unable to provide incident report to OEC at today's visit

19a-79-4a(d)(4)(D) Staffing - Supervision

⑤ Insufficient evidence to substantiate allegations

19a-79-4a(d)(3) Staffing - Personnel Qualities to work with children

⑤ Insufficient evidence to substantiate allegations

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: 8/7/25

Signature: Evelyn Vicente - Quinones  
(OEC Representative)

Print Name: Evelyn Vicente - Quinones

Signature: [Signature]

Print Name: Laquita Ames  
(Person in Charge)