

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TMCA Child Care Date: 7/31/25 Time: 11:15

Location Address: 770 main st. 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: 18 # of Staff Present: 4

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> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Partial inspection on ratios

Observations/Corrections needed:

19a-79-7a(d)(4)(A-B) and (d)(4) - Staffing - ratios -
In compliance

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: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Laquita Ames