

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: 8/12/25 Time: 10<sup>59</sup> AM

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: 19 # of Staff Present: 6

<b>Consent to Inspect Family Child Care Home</b>	<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: Supervision Practical

Observations/Corrections needed:

19a-79-4a (d)(4)(A) Staffing - Supervision  
(NS) Regulation in compliance when DEC representative observed staff supervising children throughout the walk-through.

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: up

Signature: Evelyn Vicente Quisones  
(OEC Representative)  
Print Name: Evelyn Vicente - Quisones  
Signature: K Miner  
(Person in Charge)  
Print Name: Kayla Miner