

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: GREATER WATERBURY YMCA @ ROSE HILL Date: 8-20-25 Time: 11:30 AM
Location Address: 63 PROSPECT ST. WATERBURY Telephone #: 203 754 9622
e-mail address: kjones@waterburyymca.org License #: 70505 Expiration Date: 8-31-27
Capacity: 147 # of Children Present: 0 # of Staff Present: _____

| | |
|--|---|
| 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 <u>NIA</u> |
|--|---|

Purpose of visit: CASE # 2025-879

Observations/Corrections needed:

(NS) 19a-79-4a(b)(4) Compliance was observed with Background Checks

(NS) 19a-79-4a(d) Adequate staffing was observed through attendance records & video

(S) 19a-79-3a(b)(7)(C) Child protection, observed child in attendance neglected by staff when left alone in classroom for 10 minutes

(S) 19a-79-4a(d)(4)(D) Children supervised at all times, at no time shall a child be left unsupervised; observed child left unsupervised indoors for 10 minutes

(P) 19a-79-3a(b)(6) Annual training policy is pending - awaiting email from director of additional annual training of involved staff
Discussed - copy of incident report shall be provided to parent

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: PATRICKA TYBURSKI

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/3/25

Signature: [Signature]
(Person in Charge)

Print Name: Kristen Jones