

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 COL Date: 2/18/24 Time: 12:40
Location Address: 136 West Main St. Waterbury Telephone #: 203-754-9622
e-mail address: abrown@waterburyymca.org License #: 13034 Expiration Date: 1/31/30
Capacity: 222/24 # of Children Present: 133/24 # of Staff Present: 19

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection on safe sleep for case 2025-584

Observations/Corrections needed:

19a-79-10 (g)(1-5) - under 3 endorsement - safe sleep
in compliance

_____ 13:2
_____ 14:2
_____ 14:2
_____ 6:1
_____ 16:2
_____ 8:2
_____ 8:2
_____ 8:2
_____ 15:2
_____ 17:2

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: Kristin Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Olisa Brown