

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheshire Community YMCA Date: 8/31/21 Time: 9:57

Location Address: 967 S. Main St. Cheshire Telephone #: 203 272 3180

e-mail address: bgeneste.sccymca.org License #: 14388 Expiration Date: 7/31/22

Capacity: 64 # of Children Present: 54 # of Staff Present: 10

**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: Self report 2021-518

Observations/Corrections needed:

① 19a-79-4a(c)(1)(D) Staffing-Supervision
Staff failed to follow the supervision policy when a child was left in the classroom during a transition.

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: 9-14-21

Signature: Candice Deloreto
(OEC Representative)

Print Name: Candice Deloreto

Signature: Bonnie Genest
(Person in Charge)

Print Name: Bonnie Genest