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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Pine Grove SACD Program Date: 9/27/21 Time: 3:15

Location Address: 151 Scoville Rd, Avon Telephone #: 800 653-5524

e-mail address: caitlin.butkus@ghymca.org License #: 70188 Expiration Date: 8/31/22

Capacity: 40 # of Children Present: 16 # of Staff Present: 2

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*** N/A

Purpose of visit: Follow-up to 8/31/21 inspection

Observations/Corrections needed:

4. Behavior management discussed: OK ✓

9. Fire marshal certificate: OK ✓

16. staff physicals: OK ✓

32. Enrollment information: OK ✓

33. Emergency medical permission: OK ✓

34. Authorized release permission: OK ✓

(37.) physical/immunizations/TB: 2 children without physicals/immunizations on file

(38) care plans: observed 1 child's asthma/ 1 allergy care plan not signed by staff. 1 child without asthma or allergy care plan with medications on site

44. 1st Aid kit: OK ✓

73. Emergency numbers: OK ✓

19a-79-3a(a): OK ✓

Discussed: ① change form for new Director ② statement of health on staff physical ③ COVID vaccine/testing requirement for staff - refer to memo 45. Records to be on file.

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: 10/11/2021

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Danielle Romanelli
(Person in Charge)
Print Name: Danielle Romanelli