

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheshire Community YMCA Child Date: 1-11-22 Time: 11:30
Location Address: 967 S Main St, cheshire Telephone #: 203-272 3150
e-mail address: bgenest@secymca.org License #: 14388 Expiration Date: 7-31-22
Capacity: 64 # of Children Present: 35 # of Staff Present: 8

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: 3 month follow up for case # 2021-548

Observations/Corrections needed:

NS 19a.79-4a(e)(4)(D) - supervision - observed
proper supervision and ratios in all
classrooms. Director reported no supervision
incidents since last OEC visit. Discussed
CAP with director.

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: _____

Signature: _____

(OEC Representative)

Print Name: Kevin Eddy

Signature: _____

(Person in Charge)

Print Name: Bonnie Genest