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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Windermere YMCA After School Program Date: 4/6/22 Time: 3:00

Location Address: 2 Abott Rd. Telephone #: 860-937-7836

e-mail address: Ellington License #: 70392 Expiration Date: 2/28/23

Capacity: 60 # of Children Present: 21 # of Staff Present: 3

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: Partial to check compliance.

Observations/Corrections needed:

Partial inspection to confirm compliance with supervision due to 2/1/21 full inspection and 1/25/22 follow up.

No supervision issues observed. Discussed bathroom supervision and ratio requirements with staff.

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: Linda Moylan *(OEC Representative)*

Print Name: Linda Moylan

Signature: Andrew Fogil *(Person in Charge)*

Print Name: Andrew Fogil