

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Day Care Ctr @ Wheeler Date: 11-3-22 Time: 12

Location Address: 149 Farmington Ave., Plainville Telephone #: 860-793-9631
Regional Family YMCA

e-mail address: jeff.spadaccini@ghymca.org License #: 12639 Expiration Date: 5-31-25

Capacity: 136 # of Children Present: 34 # of Staff Present: 9

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: Case # 2022-828 follow up

Observations/Corrections needed:
NS - 19a, 79, 4a(e)(4)(D) - supervision - observed
proper supervision and ratios in
all classrooms

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: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: LAURA PRINCE