

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Day Care Ctr @ Wheeler Date: 10-14-22 Time: 12

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

e-mail address: audrey.creeley@shymca.org License #: 12639 Expiration Date: 5-31-25

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

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Case # 2022-828

Observations/Corrections needed:  
S- 19a.79.4a(c)(4)(D) - supervision. A child was left on the playground unsupervised for 4 minutes.

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: 10-28-22

Signature: [Signature] *Kenny Eddy*  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)  
*Laura Prisco*