

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Cheshire Community YMCA Child Care Center   Date: 12/14/22   Time: 12:45

Location Address: 967 S. Main Street Cheshire CT 06410   Telephone #: 203-272-3150

e-mail address: bgenest@sccymca.org   License #: 14388   Expiration Date: 7/31/26

Capacity: 64   # of Children Present: 45   # of Staff Present: 8+

<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: Follow up Background checks

Observations/Corrections needed:

Ma-79-4a(b) : Background checks : In Compliance at time of visit.

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: Johanne Dalo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Bonnie Genest