

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Day Care Ctr @ Wheeler Date: 2-6-23 Time: 10

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

e-mail address: skelly.garow-pemproan@shymca.org License #: 12639 Expiration Date: 5-21-25

Capacity: 136 # of Children Present: 39 # of Staff Present: 8

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: 3 month follow up case # 2022-828

Observations/Corrections needed:

NS - 19c-79-4a (c)(4)(D) - observed proper supervision and ratios in all classrooms, gym and during transitions

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] *Kern Ely*  
(OEC Representative)

Signature: [Signature]  
(Person in Charge)  
Megan Baker