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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Pine Grve SACD Program Date: 5/30/23 Time: 3:25

Location Address: 151 Scoville Rd, Avon Telephone #: (860) 653-5524

e-mail address: amanda.fox@ghymca.org License #: 70188 Expiration Date: 8/31/26

Capacity: 40 # of Children Present: 12 # 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*** NA

Purpose of visit: Self Report case 2023-463

Observations/Corrections needed:

(S) 19a-79-4a (c)(4)(D) - staffing - supervision - staff failed to adequately ~~[illegible]~~ EW supervise children when a child was left unsupervised on the playground for approximately 5 minutes.

(S) 19a-79-4a (c)(2) - staffing - operator failed to have atleast 2 staff 18 years of age or older on site the afternoon of 5/24/23. staff on premise were 19 and 16 years old.

(S) = **Substantiated** **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/13/23

Signature: [signature]
(Person in Charge)