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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Pine Grove SACD Program Date: 6/13/23 Time: 3:45

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

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

Capacity: 40 # of Children Present: 11 # 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*** n/a

Purpose of visit: Follow-up case 2023-463

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - staff - supervision - In compliance at this time

(NS) 19a-79-4a(c)(2) - staffing - observed 2 staff 18 years old or older

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: N/A

Signature: Erin Waight
(OEC Representative)
Print Name: Erin Waight

Signature: Amanda Fox
(Person in Charge)
Print Name: Amanda Fox