2024-12

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Pine Grove SACD Program Date: 1/10/24 Time: 3pm

Location Address: 151 Scoville RD. Avon, CT 06001. Telephone #: 860-549-7309

e-mail address: Sarah.Ralston@GHYMCA.org License #: 70188 Expiration Date: 8/31/26.

Capacity: 40/0 # of Children Present: 16 # of Staff Present: 2

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*** _____

Purpose of visit: Case 2024-12 - Self Report

Observations/Corrections needed:

PIC Amanda Fox - Child Development coordinator

(NS) 19a-79-3a(b)(7) - Administration - annual Policy + Procedure training - Program provided annual training/orientation to staff on program policies + procedures

(S) 19a-79-4a(c)4(D) - Staffing - Supervision - Staff did not assure the Supervision of the children at all times while at program when staff left 2 children outside on playground, alone w/out Supervision. Staff did not adhere to the program's Supervision policy

(NS) 19a-79-4a(a)(4). Staffing - Disciplinary Action - OEC observed disciplinary actions for two staff who left two children alone on playground w/out Supervision

(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: 1/25/24

Signature: _____ (OEC Representative)

Print Name: Valecia Williams

Signature: _____ (Person in Charge)

Print Name: Amanda Fox