Connecticut Office of Early Childhood

**DIVISION OF LICENSING**
**450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103**
**Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552**
**Email: oec.licensing@ct.gov Website: www.ctoec.org**

# CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

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|---|---|---|---|---|---|---|---|
| **Program Name** | **YMCA PINE GROVE SACD PROGRAM** | | | | **License Number** | **DCCC.70188** | **Date of Inspection** | **05/13/2024** |
| | | | | | **Expiration Date** | **8/31/2026** | **Time of Inspection** | **03:00 PM** |
| **Address** | **151 SCOVILLE RD**<br>**AVON CT 06001-3017** | | | | **Telephone** | **(860) 653-5524** | **Total Capacity** | **40** |
| | | | | | **Days and Hours** | **MONDAY-FRIDAY 7-8:30AM AND 3:25-6PM** | **Under Three Capacity** | **0** |
| **#Children Present** | **6** | **# Under 3 Present** | **0** | **# Staff Present** 3 | | | **Summer Care** | **Closed** |
| **Purpose of Inspection** | **3- month partial** | | | | **Name of Inspector** | **Valecia Williams** | | |
| **Program's Email** | **amanda.fox@ghymca.org** | | | | **Inspector's Email** | **valecia.williams@ct.gov** | | |

## Regulatory Violations

| **Statute and/or Regulation:** | **Description:** |
|---|---|
| **[-]** | **000 No Violations** |

**No violations were cited during this inspection**

| **Statute and/or Regulation:** | **Description:** |
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| **Statute and/or Regulation:** | **Description:** |
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## Other Findings – Regulations In Compliance

| **Statute and/or Regulation:** **19a-79-4a(c)(4)(D)** | **Description:** **021b-Supervision** |
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| **There was insufficient evidence to support that program was not adhering to the supervision policy. Program was in compliance with this regulation.** | |

| **Statute and/or Regulation:** | **Description:** |
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| **Statute and/or Regulation:** | **Description:** |
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| **Statute and/or Regulation:** | **Description:** |
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| **Statute and/or Regulation:** | **Description:** |
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| **YES/NO:** No | **WERE VIOLATIONS CITED DURING THIS VISIT?** |
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## DISCUSSIONS/COMMENTS

**NOTE:** Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

| (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: | (Signature of Person in Charge) |
|---|---|---|---|
| Valecia Williams | | | Shannon Walsh - Teacher Aide' |
| (Printed Name) | (Printed Name) | | (Printed Name) |