2024-1138

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Roaring Brook SACD Date: 11/6/24 Time: 3pm.

Location Address: 30 Old Wheeler Lane Avon, CT 06001 Telephone #: 860-716-8234

e-mail address: amanda.fay@ymca.org License #: 7026 Expiration Date: 8/31/25

Capacity: 40 # of Children Present: 0 # 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: Complaint / investigation - 2024-1138 - Self-Report.

Observations/Corrections needed:

Pic Elizabeth Stross - Head teacher

(S) 19a-79-4a(d)(4)(D) - Staffing - Supervision - Staff failed to ensure the supervision of the children at all times when 2 children were left outside, alone w/out supervision for approximately 2 minutes. Staff did not adhere to the program's supervision policy when staff did not know where children were at all time and did not complete a name count.

(S) 19a-79-4a(a) Staffing and Consultants - OEC did not observe a file on the premise for a staff who had left children unsupervised

(Pending) 19a-79-5a(a)(3) - Record Keeping - Injury, illness, incident Report.

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: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/21/24 MW

Signature: X Elizabeth Stross
(Person in Charge)
Elizabeth Stross