2024-1138

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Roaring Brook SACD Date: 12/2/24 Time: 2:45

Location Address: 30 Old Wheeler Lane Avon, CT Telephone #: 860-716-8239

e-mail address: amanda.fox@ghymca.org License #: 70126 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: follow-up 2024-1138

Observations/Corrections needed:

PIC Amanda Fox - Director

(NS) 19a-79-4a(d)(4)(D) - Staffing - Supervised - Per Director Program has been adhering to their supervised policy and retrained staff accordingly.

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: 1/2

Signature: _____
(OEC Representative)
Print Name: Valeria Williams

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