2021 1057

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Rocking Brook SACC Date: 3/20/25 Time: 2:15pm

Location Address: 3001D Wheeler Lane Avon, CT Telephone #: 860-716-8239

e-mail address: amanda.fox@ymca.org License #: 70126 Expiration Date: 8/31/25

Capacity: 40 # of Children Present: 25 # 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*** _____

Purpose of visit: 3-month Partial (2024-1138)

Observations/Corrections needed:

PIC Elizabeth Stross - head teacher

(NS) 19a-79a-4a(d)4(D) - Staffing and Consultant - Spousal - There was insufficient evidence to support that program was not adhering to Spousal Policy

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: V. Williams
(OEC Representative)
Print Name: Valecia Williams

Signature: Elizabeth Stross
(Person in Charge)
Print Name: Elizabeth Stross