

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Preschool Date: 5/20/2005 Time: 8:50 AM
Location Address: 90 National Dr. Glastonbury, CT. Telephone #: 860-633-6548 x2105
e-mail address: Ashlie.demarco@qymca.org License #: 16194 Expiration Date: 4/30/2009
Capacity: 40 # of Children Present: 12 # of Staff Present: 3+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Self-reported incident

Observations/Corrections needed:

§ 19a-79-3a(d)(5)(B): Supervision plan/child ratios - Program staff failed to follow the plan for supervision/child ratios when 1 child left the classroom unsupervised and was found in an office area of the building without staff present.
§ 19a-79-3a(d)(5)(C): Indoor/outdoor Supervision - Program staff failed to follow the supervision plan when 1 child was able to leave a room unsupervised
§ 19a-79-4a(d)(4)(A): Staffing - 0:1 ratio when 1 child was found in an office unsupervised by program staff
§ 19a-79-7a(b)(4): Unapproved space - Program was using space not approved by OEC when a child was able to access an office area unsupervised by program staff.
§ 19a-79-3a(d)(1): doserved child not signed in/out with hours present in facility on the day said child was able to access an office area unsupervised by program staff

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: 6/6/2005

Signature: [Signature]
(OEC Representative)
Print Name: BADGETT HEARN
Signature: Ashlie Demarco
(Person in Charge)
Print Name: Ashlie Demarco