

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Ymca Date: 11/23/21 Time: 10:00

Location Address: 32 Howard Ave Ansonia Telephone #: (203) 732-7778

e-mail address: beckner@ccrymca.org License #: 16707 Expiration Date: 6/30/25

Capacity: 42 # of Children Present: 24 # of Staff Present: 7

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: FollowUp-Safe Sleep 11/16/21 Inspection

Observations/Corrections needed:

program in compliant for Safe sleep - no
Infants in program day of visit. Per Director has
been limiting bouncers in room.

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: 12/7/21

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Barbara Eckner
(Person in Charge)

Print Name: Barbara Eckner