☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other p. 1 of 2

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA School Age Childcare Derby Date: 12/15/21 Time: 2:40 PM

Location Address: 155 David Humphreys Rd Derby CT 06418 Telephone #: (203) 521-1383

e-mail address: rleworthy@ccymca.org License #: 16680 Expiration Date: 2-28-25

Capacity: 73 # of Children Present: 18 # 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 Inspection

Observations/Corrections needed:

S= 19a-79-3a(a) Program failed to comply with covid vaccine requirements per Governor's Executive order when 1 staff did not have documentation of a Covid vaccine or weekly testing and 2 staff did not have the declaration attestation. Also, observed children not wearing masks while playing indoors

2, 3, 5, 6- in compliance 7- location not documented for staff attendance

9- fire marshal in compliance dated 10.5.21

16- 3 of 4 staff health records missing

17- in compliance

18- in compliance

24 25- in compliance

26, ~~27~~ 27- compliance 27- 3 of 4 not available for review

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: Teri K Roberts
(OEC Representative)
Teri K Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/28/21

Signature: _____
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Ymca School Age Child Care-Derby License # 16680 Date: 12/15/21

Observations/Corrections needed:

39 - Unable to locate
44 - In compliance
80 - Not on site
89 - In compliance

145 - Observed 1:18 when 2nd staff left room for 2 minutes

Discussed:
Program will submit change form for new head teacher Suzan Kaulz

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: R Roberts (OEC Representative)
Print Name: Tem R Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/28/2

Signature: (Person in Charge)
Print Name: