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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA School Age Child Care - Derby Date: 3/14/2 Time: 3:10 pm

Location Address: 155 David Humphrey Rd Derby, CT. 06418 Telephone #: (203) 736-5040

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

Capacity: 73 # of Children Present: 14 # 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: Ratio follow up

Observations/Corrections needed:

No Violations at this visit

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: L K Roberts
(OEC Representative)

Print Name: Jen K Roberts

Signature: Signature not obtained at visit,
(Person in Charge)

Print Name: Sent via email rleworthy@ccymca.org on 3.16.22