

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Valley YMCA Date: 5/10/22 Time: 1:00

Location Address: 32 Howard Ave Ansonia Telephone #: (203) 732-7799

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

Capacity: 42 # of Children Present: 35 # of Staff Present: 6

**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: Partial- Safe Sleep

Observations/Corrections needed:

all items from 11/16/21 full visit ~~now~~ are in compliance.  
no violations at 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: 5/24/22

Signature: Jaime Fortin  
(OEC Representative)

Print Name: Jaime Fortin

Signature: Barbara Eckner  
(Person in Charge)

Print Name: Barbara Eckner