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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA School Age ChildCare - Derby Date: 5/16/22 Time: 220pm

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

e-mail address: rleworthy@ccymca.org License #: 16880 Expiration Date: 2-28-25

Capacity: 73 # of Children Present: 18 # 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: Partial Inspection

Observations/Corrections needed:

#16- 2 of 3 staff do not have a health record and TB on site and 1 staff of 3 missing health record.

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: 5/30/22

Signature: J. K Roberts (OEC Representative)

Print Name: Jerri K Roberts

Signature: LHenderson (Person in Charge)

Print Name: Lachaka Henderson