

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family Ymca Live Oaks Date: 11-1-22 Time: 3:35pm

Location Address: 575 Merwin Ave Milford Telephone #: 203-878-5677

e-mail address: Smarklinsky@CCCymca.org License #: 16589 Expiration Date: 11-30-24

Capacity: 80 # of Children Present: 11 # of Staff Present: 4

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Following up on these violations that were cited on 10-28-22 and 10-31-22

Observations/Corrections needed: ✓ = in compliance at this inspection

19a-79-3a(a) ✓

19a-79-4a(c)(2) - ✓

18b - ✓

~~19a-79-4a(c)(2)~~ ✓

Program had 1 staff current with BCIS, 2 were supervised and 1 17 year old staff that is current at this inspection

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: NA

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Susie Marklinsky
(Person in Charge)

Print Name: Susie Marklinsky