☐ 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: 12/12/22 Time: 2:30 pm

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

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

Capacity: 73 # of Children Present: 18 # of Staff Present: 4

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 from 9.2.22 visit

Observations/Corrections needed:

1- in compliance at this visit
2- in compliance at this visit
3- in compliance at this visit
5- in compliance at this visit
7- in compliance at this visit
12- in compliance at this visit
15a- in compliance at this visit
16- in compliance at this visit
17- in compliance at this visit
18b- in compliance at this visit
19- Interim plan in place
23- Director in process of taking class - transcript to be sent to OEC
26- in compliance at this visit
27- in compliance at this visit
39- in compliance at this visit
45- No longer using gym
80- in compliance at this visit
88- no longer using playscape area
89- no longer using playscape area
95- in compliance at this visit
97- in compliance at this visit
98- in compliance at this visit
No violations at this visit

Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: A. Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____
(Person in Charge)