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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA Children Center Date: 3/23/2023 Time: 1145AM

Location Address: 631 Orange Ave. Milford, CT. 06461-2158 Telephone #: 203-878-6501

e-mail address: smarklinsky@cccymca.org License #: 13408 Expiration Date: 5/31/2026

Capacity: 121 # of Children Present: 20 # 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: Partial inspection for ratios

Observations/Corrections needed:

10/1

10/2

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: _____

Signature: [signature] *(OEC Representative)*

Print Name: BRIDGEDL HERRIN

Signature: [signature] *(Person in Charge)*

Print Name: Susie Marklinsky