

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stratford Ymca Child Care Prog - Second Hill Lane Date: 3/17/23 Time: 2:40 pm
Location Address: 65 Second Hill Lane Stratford, Ct. 06614 Telephone #: (203) 378-8379
e-mail address: mbernardo@ccymca.org License #: 13194 Expiration Date: 3-31-26
Capacity: 87 # of Children Present: 16 # 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 to inspection dated 3.6.23

Observations/Corrections needed:

No violations at this 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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Terri R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Melissa Bernardo