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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford YMCA Mary G Fritz Date: 4.21.23 Time: 7:30

Location Address: 415 Church St Wallingford Telephone #: 203-294-9733

e-mail address: ewalter@wallingfordymca.org License #: 14468 Expiration Date: 3.31.25

Capacity: 55 # of Children Present: 10 # of Staff Present: 2

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 4.5.23

Observations/Corrections needed:

OK #19 - Two staff present - upon arrival observed 10 children and 2 staff to be present.

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: Jennifer Serra (OEC Representative)

Print Name: Jen Serra

Signature: Vincent Palumbo (Person in Charge)

Print Name: Vincenzo Palumbo