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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Indian Valley YMCA Rockville Child Care Date: 7-21-23 Time: 10:00 am

Location Address: 23 Elm St. Rockville Telephone #: 860-896-0584

e-mail address: jennifer.motta@ghymca.org License #: 16791 Expiration Date: 3-31-24

Capacity: 104 # of Children Present: 42 # of Staff Present: 12

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*** NA

Purpose of visit: Safe Sleep Follow-Up

Observations/Corrections needed:

In Compliance

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: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

Signature: Motta
(Person in Charge)
Print Name: Jen Motta