

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley Ymca Childcare Center Date: 9/12/23 Time: 8:50
Location Address: 32 Howard Ave Ansonia Telephone #: 203-732-7778
e-mail address: strucke@ymca.org License #: 16707 Expiration Date: 6/30/25
Capacity: 42/3 # of Children Present: 25 # of Staff Present: 6(2)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up on physical barrier + TA on adding space

Observations/Corrections needed:

in compliance today. 7:2
TA on adding a classroom space in 6:2
what is currently the office. Classroom would be 12:2
used as a preschool room.

$15.03 \times 16.5 - (2.03 \times 6.17) = 235.99 \div 35 = 6.74$ (OK)
needed: fire marshal
local health
floor plan ✓
change form ✓
OEC approval

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: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Stephanie Trecka