

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wallingford YMCA @ Moses Y Beach Date: 7-10-24 Time: 11:32  
Location Address: 340 No Main St Telephone #: 203-269-4497  
e-mail address: ewalter@wallingfordymca.org License #: 13993 Expiration Date: 3-31-25  
Capacity: 53 # of Children Present: 0 # of Staff Present: 1

**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 full inspection dated 4.17.24

Observations/Corrections needed:

preschool playground not fenced  
measurements of black top play space by Cafetena:  
measures: black top playground not completely fenced  
in, and border driveway to school parking lot. not  
approved for use at this time

Grass playground, fully fenced measures

$53.3 \times 88 = 4690.4 \div 75 = 62.5$  total of 62 children  
approved for preschool and school age  
existing wood chip and lumber play ground  
approved for school age only, not preschool  
Submit notification of change  
Submit sketch of outdoor spaces in relation to program space

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: Jen Schuck  
(OEC Representative)  
Print Name: Jen Schuck  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Emily Walter