

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: YLS Early Learning Center Date: 11/19/24 Time: 11:40am

Location Address: 127 Wall St New Haven 06511 Telephone #: 203-482-7640

e-mail address: amanda.moline@yale.edu License #: 15676 Expiration Date: 4/30/26

Capacity: 1063 # of Children Present: 9 # of Staff Present: 4

<b>Consent to Inspect Family Child Care Home</b>	<i>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 <u>NA</u></i>
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Purpose of visit: Partial inspections dated 5/29/24 + 6/7/24

**Observations/Corrections needed:**

- 19a-79-4a(d)(6) nap time ratios in compliance at this visit
- 19a-79-10(g)(3) crib hazards in compliance at this visit

Discussion

- new regs
- group (em) size

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: [Signature]  
(OEC Representative)  
Print Name: Fi Montanye  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jasmine Johnson