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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA SACC Date: 1/7/25 Time: 8:30

Location Address: 59 Finney St. Ansonia Telephone #: 203-954-5766

e-mail address: _____ License #: 16745 Expiration Date: 8/31/25

Capacity: 60/0 # of Children Present: 15 # 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: partial inspection on ratio + supervision

Observations/Corrections needed:

in compliance today

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: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Lachaka Henderson