

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Learning Community at Massaicare Date: 2-10-25 Time: 9:34

Location Address: 22 Masonic Ave Wallingford Telephone #: 203-269-4497

e-mail address: ewalter@wallingfordymca.org License #: 70556 Expiration Date: 8-31-28

Capacity: 48/32 # of Children Present: 28/16 # of Staff Present: 8

**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: Under 3 ratios

Observations/Corrections needed:

#118 ratio's: Observed infant room with 1 staff member and 6 infants. program not in compliance with under 3 ratio during inspection:

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: 2-24-25

Signature: Jennifer Schulz
(OEC Representative)

Print Name: Jen Schulz

Signature: Mariacabel Clini
(Person in Charge)

Print Name: Mariacabel Clini