

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Learning Community @ Masonicare Date: 2-19-25 Time: 9:20

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: 26 # of Staff Present: 7

**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 Three ratio's follow-up

Observations/Corrections needed:

NS #118 ratio's: observed all classrooms to be in proper staff child ratio.

Discuss:

Upon arrival to the program staff unable to hear door bell ringing. Licensing Specialist had to access program through playground.

Volume of sound machine was set to a very high volume in infant room

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jen Schultz Jen Schultz
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -NA-

Signature: Maria Sube Maria Sube
(Person in Charge) clin