

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Lil Rascals Date: 10/7/21 Time: 10:00

Location Address: 43 Swain Ave Meriden Telephone #: 203 630 0039

e-mail address: hvolpe@meridenymca.org License #: 70043 Expiration Date: 1/31/24

Capacity: 81/42 # of Children Present: 49 # of Staff Present: 12

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
	Provider/Applicant/Substitute's Signature <u>N/A</u>

Purpose of visit: Self-reported Incident Case 2021-721

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when they left a child in the upstairs classroom alone for 2 minutes until she was discovered by another staff.

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: [Signature]
(OEC Representative)
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/21/22

Signature: [Signature]
(Person in Charge)
[Signature]