

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Lil Rascals      Date: 10/18/21      Time: 9:40 am

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

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

Capacity: 81/42      # of Children Present: 44      # of Staff Present: 13

<b>Consent to Inspect Family Child Care Home</b>	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>N/A</u>
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Purpose of visit: Follow up case 2021-721

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through  
conducted. No violations at this visit.

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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: Lauren Hull  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Heather Wolpe  
(Person in Charge)