

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Little Scholars Date: 12/8/21 Time: 10:10

Location Address: 2150 Corbin Ave Telephone #: 203-800-7925

e-mail address: tvalentin@meridenymca.org License #: 70509 Expiration Date: 8/31/23

Capacity: 52 # of Children Present: 37 # of Staff Present: 9

**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 n/a

Purpose of visit: Partial inspection for ratio/group size

Observations/Corrections needed:

19a-79-10c Group Size/Ratio: VOK

all classrooms observed to be in compliance.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: [Signature]
(Person in Charge)

Print Name: Mathy Sosa