

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Inf + Tod Center Date: 5/17/22 Time: 12:05 pm

Location Address: 95 Main St. Meriden Telephone #: 203 379 0651

e-mail address: trvalentin@merideaymca.org License #: 16678 Expiration Date: 2/28/25

Capacity: 40/40 # of Children Present: 25 # of Staff Present: 10

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: <u>N/A</u>
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Purpose of visit: Follow up case 2022-223

Observations/Corrections needed:

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

NS 19a-79-10(g) - Under Threes Endorsement - Safe Sleep - No violations at this visit.

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: [Signature]
(OEC Representative)
Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)
Print Name: Melissa Hulse