

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Meriden Child Care Ctr Date: 6-2-22 Time: 12
Location Address: 66 Crown St., Meriden Telephone #: 203-235 8906
e-mail address: mdipasquale@meriderymca.org License #: 16416 Expiration Date: 11-30-25
Capacity: 131 # of Children Present: 88 # of Staff Present: 14

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 _____
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Purpose of visit: case # 2022-357

Observations/Corrections needed:

S 19a-79-4a (e)(4)(D) - supervision. child left classroom without staffs knowledge and was unsupervised for 3 minutes

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: 6-16-22

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: MARY JO D PASQUALE