

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Meriden Child Care Ctr Date: 9-19-22 Time: 12

Location Address: 66 Crown St., Meriden Telephone #: 203 235 8906

e-mail address: mdipasquale@meridenymca.org License #: 16416 Expiration Date: 11-30-25

Capacity: 131 # of Children Present: 75 # of Staff Present: 16

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: 3 month partial for case 2022-357

Observations/Corrections needed:

NS 19c.79-4c(c)(4)(D) - supervision not substantiated.
observed proper supervision and
ratios in all classrooms and
outside.

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: _____

Signature: [Signature] Kevin Eddy
(OEC Representative)

Signature: [Signature]
(Person in Charge)
Mary-Jo DiPasquale