

2022-3820

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Mendon YMCA @ John Barry Date: 10/3/2 Time: 4:15pm

Location Address: 124 Columbia St. Mendon, CT 06751 Telephone #: (203) 410-0656

e-mail address: Afitzgerald@Mendonymca.org License #: 70250 Expiration Date: 8/31/23

Capacity: 131/10 # of Children Present: 15 # of Staff Present: 4

**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 \_\_\_\_\_

Purpose of visit: Follow-up - Partial 2022-392

Observations/Corrections needed:

Pic Christian Caban - Head teacher

(NS) 19a-79-4a(c)4(d) Staffing - Supervisor - Per head teacher, the program has been assuring the supervision of the children at all times

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: KAROL WILLIAMS

Signature: [Signature]  
(Person in Charge)

Print Name: CHRISTIAN CABAN