

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden-New Britain-Berlin-YMCA Date: 4/11/23 Time: 10:25am

Location Address: 111 Hart St. New Britain, CT 06052 Telephone #: 860 505-0870

e-mail address: lfigueroa@bbyymca.org License #: 70328 Expiration Date: 9/30/24

Capacity: 40 ⁴³⁴⁰ # of Children Present: 13 # of Staff Present: 6

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>NIA</u>
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Purpose of visit: Follow up safe sleep and ratio case # 2023-145

Observations/Corrections needed:

Observed compliance with ^{safe} sleep regulations at the time of the visit.

Ratio
19a-79-10(c)(2) under three endorsements. Observed 1 teacher and 5 children in a classroom at arrival. Second teacher observed outside of the room.

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: 4/25/23

Signature: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

Signature: Yolanda Rodriguez
(Person in Charge)
Print Name: Yolanda Rodriguez