

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA School's Out at Hammer School Date: 4/26/23 Time: 3:23

Location Address: 50 Francis St. Wethersfield CT 06109 Telephone #: 860-836-8869

e-mail address: Kyk.Thompson@ghymca.org License #: 13499 Expiration Date: 9/30/26

Capacity: 60 # of Children Present: 18 # of Staff Present: 3

**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 to inspection conducted 4/17/23

Observations/Corrections needed:

19a-79-11(d) Ratio: In compliance at time of 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: _____

Signature: _____

(OEC Representative)

Print Name: Johanne Dalb

Signature: _____

(Person in Charge)

Print Name: Nathalie Zea