

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: 4/26/24   Time: 3:23

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

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

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

<b>Consent to Inspect Family Child Care Home</b>	<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: Follow up inspection Case #2022-818


Observations/Corrections needed:

Pa-79-4a(c)(4)(D) Supervision : 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 Dalo

Signature: Nathalie Zea  
(Person in Charge)  
Print Name: Nathalie Zea