

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden-N. Britain-Berlin YMCA      Date: 5/31/23      Time: 8:00am

Location Address: 12 Johnson Avenue, Meriden      Telephone #: 203-440-3254

e-mail address: rdiaz@meridenymca.org      License #: 70373      Expiration Date: 9/30/25

Capacity: 84      # of Children Present: 38      # of Staff Present: 8

<b>Consent to Inspect Family Child Care Home</b>	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>N/A</u>
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Purpose of visit: Flu 2023-450

Observations/Corrections needed:

- Interviewed staff - CAP is pending from initial inspection.

- No additional violations were noted.

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: 6/8/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Carlos Albizu

Signature: [Signature]  
(Person in Charge)  
Print Name: Raquel Diaz