

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Lil Rascals Date: 7/10/23 Time: 11:30

Location Address: 43 Swain Ave, Meriden Telephone #: 860 630-0039

e-mail address: hvolpe@meridenymca.org License #: 70043 Expiration Date: 1/31/24

Capacity: 81/42 # of Children Present: 50 (35 ↓ 3) # of Staff Present: 18

Consent to Inspect Family Child Care Home	<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.</i> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: Follow-up case 2023-524

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D)- staffing- supervision- in compliance at this time.

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: NIA

Signature: Eirin Wraight
(OEC Representative)

Print Name: Eirin Wraight

Signature: Hester Volpe
(Person in Charge)

Print Name: Hester Volpe