

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Berlin YMCA Little Spartans Date: 8/23/23 Time: 9:53

Location Address: 899 Norton Rd Berlin Ct 06037 Telephone #: 203-631-0688

e-mail address: trvalentin@meridenymca.org License #: 70696 Expiration Date: 3/31/27

Capacity: 44 (24) # of Children Present: 22 (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 \_\_\_\_\_

Purpose of visit: Follow up to inspection conducted 8/9/23

Observations/Corrections needed:

19a-79-4a(b): Background Checks: In compliance  
at time of visit

19a-79-10(c)(4) # 112: Barriers: In <sup>JD</sup>compliance  
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 Dalu

Signature: 

(Person in Charge)

Print Name: Cindy Craig