

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA School's Out at Emerson-Williams School Date: 10/18/23 Time: 3:15pm

Location Address: 461 Wells Rd Wethersfield CT 06109 Telephone #: 860-462-6209

e-mail address: marissa.casarell@ghymca License #: 13436 Expiration Date: 2/28/26

Capacity: 77 # of Children Present: 17 # 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 inspection from inspection conducted 10/12/23

Observations/Corrections needed:

19a-79-4a(b) Background Checks: 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: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)

Print Name: Angelia G. Scott