

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA LII Rascals Date: 10-19-23 Time: 9:02
Location Address: 43 Swain Ave Meriden 06450 Telephone #: 203-630-0039
e-mail address: hvolpe@meridenymca.org License #: 70043 Expiration Date: 1-31-24
Capacity: 81/42 # of Children Present: 47/28 # of Staff Present: 11 + 1

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> _____ <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Partial Inspection to Case 2023-524

Observations/Corrections needed:

NS 19a.79-4(a): Staffing, supervision Observed all children in care, to be properly/adequately supervised during this inspection

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Serra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -na-

Signature: [Signature]
(Person in Charge)