

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden - New Britain - Berlin YMCA Date: 11/29/24 Time: 8 AM
Location Address: 111 HAVA ST. New Britain Telephone #: 860 5050 904
e-mail address: Sames @ nbbymca. org License #: 70328 Expiration Date: 9/30/28
Capacity: 40/24 # of Children Present: 14/9 # of Staff Present: 8

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 _____
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Purpose of visit: partial inspection to case 2024-494

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) [formerly 19a-79-4a(c)(4)(D)]
Staffing - Supervision
Program reports no supervision issues since
my last 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: n/a

Signature: CM DeHoduto
(OEC Representative)
Print Name: Carolynne DeLorito
Signature: Sharen A Ames
(Person in Charge)
Print Name: Sharen A Ames