

2024-1132

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yma of Metropolitan Hertha Date: 11/26/24 Time: 3:15pm  
 Location Address: 461 Wells Rd Wethersfield CT Telephone #: 860-836-8867  
 e-mail address: Marissa.casarella@yhertha.org License #: 13736 Expiration Date: 2/25/25  
 Capacity: 60/0 # of Children Present: 21 # of Staff Present: 4

**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 2024-1132

Observations/Corrections needed:

pic - Teacher Aide - Brenday Santiago

(NS) 19a-79-7a(d)(4)(D) - Staffing - Supervisor - Per staff program has been adhering to supervisor policy.

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: Alice Williams  
 (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Brenday Santiago  
 (Person in Charge)

Brenday Santiago