

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Little Scholars Date: 1-30-25 Time: 9:30 am

Location Address: 2150 Corbin Ave Telephone #: 860-612-6314

e-mail address: tvalentin@meridenymca.org License #: 70509 Expiration Date: 8/31/27

Capacity: 49 # of Children Present: 27 # of Staff Present: 9

**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: n/a

Purpose of visit: follow up to 1-22-25 inspection

Observations/Corrections needed:

#2 Ensuring health & safety: VOK

#117 Under 3 Endorsement: VOK

#130(g)(1) safe sleep; tightly fitted sheets: VOK

Discussed: volunteer vs. visitor requirements

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: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: [Signature]
(Person in Charge)

Print Name: Nagwa Abbas