

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Little Homers Preschool at Homers Date: 2/26/25 Time: 9:03

Location Address: 208 Main Street Meriden CT 06451 Telephone #: 203-235-6359

e-mail address: svillafane@meridnymca.org License #: 70183 Expiration Date: 8/31/26

Capacity: 28 # of Children Present: 17 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to inspection conducted on 1/6/25

Observations/Corrections needed:

#22: 19a-79-4a(b)(4): In compliance at time of visit

#28: 19a-79-4a(d)(4)(D): In compliance at time of visit

#31: 19a-79-4a(f)(1) CPR: Per attendance between 2/19/25 and 2/25/25, program was not in compliance. No staff trained in CPR between 4:00pm and closing (children in attendance). 5 occurrences.

#32: 19a-79-4a(f)(2) First Aid: Per attendance between 2/19/25 and 2/25/25, program was not in compliance. No staff trained in First Aid on site between 4:00pm and closing. 5 occurrences (children in attendance)


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: 3/12/25

Signature: 
(OEC Representative)

Print Name: Johanne Dale

Signature: 
(Person in Charge)

Print Name: Jennifer Rodriguez