

2025-193

2:30-6:30

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Rotary /YMCA Teen Center Date: 3/6/25 Time: 2:30

Location Address: 55 South Elm Street, Wallingford, CT 06492 Telephone #: 203-284-7418

e-mail address: e.walter@wallingfordymca.org License #: 15891 Expiration Date: 9/30/25

Capacity: 25/0 # of Children Present: 5 # of Staff Present: 5

**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: Case 2025-193 - Self Report.

Observations/Corrections needed:

PIC Catherine Librado - Director

(NS) 19a-79-3a(b)(6) Administration Annual training/orientation - There was insufficient evidence to support that staff did not receive annual training on policies

(NS) 19a-79-5a(f)(3) Record Keeping - Injury, accident, Report - OEC observed incident report for two children involved in an altercation

(S) 19a-79-1a(d)4(D) Staffing and Consultant - Supervision - Staff failed to provide adequate/sup appropriate supervision to children at all times when the child/youth was able to hit/punch another child while at the program.

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: Valecia Williams  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/21/25

Signature: Catherine Librado  
(Person in Charge)