2024-1132

☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ymca of Metropolitan Hartford Date: 3/13/25 Time: 3:30

Location Address: 461 Wells RD Wethersfield, CT06 Telephone #: 860-836-8864

e-mail address: marissa.casarella@yghymca.org License #: 13436 Expiration Date: 2/28/26

Capacity: 60/0 # of Children Present: 35 # of Staff Present: 3

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: 3-month Partial

Observations/Corrections needed:

PIC Brendaly Santiago- teacher's aide

NS 19a-M9-4a(d)4(D) staffing and consultant - Supervision - Per staff, Program has been adhering to Supervision 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [signature]
(OEC Representative)

Print Name: Valecia William

Signature: Brendaly Santiago
(Person in Charge)

Print Name: Brendaly Santiago