

2025-193

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rotary / YMCA Teen Center Date: 3/1/25 Time: 3pm

Location Address: 55 South Elm Street Wallingford Telephone #: 203-284-7118

e-mail address: ewalter@wallingfordymca.org License #: 15891 Expiration Date: 1/30/29

Capacity: 25/0 # of Children Present: 12 # of Staff Present: 2

**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 2025-193 - Self Report

Observations/Corrections needed:

PIC - Catherine Librado - Director

(NS) 19a-79-4a(d) 4(D) - Staffing and Consultant - Supervised - There was insufficient evidence to support that Program did not adhere to their 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 Williams

Signature: [Signature]
(Person in Charge)
Print Name: Catherine Librado