

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Mendon YMCA B/A School at 107ael Putnam Date: 4/10/25 Time: 3:53pm

Location Address: 133 PARKER AV Mendon MA 01450 Telephone #: 203-514-9755

e-mail address: sfusco@nbbyymca.org License #: 70010 Expiration Date: 8/31/27

Capacity: 58 # of Children Present: 36 # of Staff Present: 5

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up to inspection conducted on 12/19/24

Observations/Corrections needed:

19a-79-4a (d)(4)(B): Supervision is in compliance at time of visit.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Shanne Dalo

Signature: Roemello Leary  
(Person in Charge)  
Print Name: Roemello Leary