

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Merriden YMCA Little Honors Date: 4/19/25 Time: 1:53 pm

Location Address: Preschool at Hanover  
208 Main St Merriden Ct Telephone #: 203-235-6359

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

Capacity: 28 # of Children Present: 17 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow up to follow up inspection  
conducted 2/26/25

Observations/Corrections needed:

19a-79-4a(f)(1): CPR: In compliance at time  
of visit

19a-79-4a(f)(2): First Aid: 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: Sophanne Dabo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jennifer Rodriguez