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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Little Scholars Date: 5·14·25 Time: 2:00pm

Location Address: 2150 Corbin Ave Telephone #: 860-612-6314

e-mail address: tvalentin@meridenymca.org License #: 70509 Expiration Date: 8/31/27

Capacity: 49 # of Children Present: 39 # of Staff Present: 9

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*** n/a

Purpose of visit: safe sleep partial

Observations/Corrections needed:

NO violations

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: [signature]
(Person in Charge)

Print Name: _____