

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Child Care @ Ben Franklin Date: 5/21/25 Time: 6:47am

Location Address: 426 W. Main St. Meriden Ct Telephone #: 203-235-6386

e-mail address: sfusco@nbbymca.org License #: 16640 Expiration Date: 11/30/28

Capacity: 117 # of Children Present: 2 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<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 5/17/25

Observations/Corrections needed:

19a-79-4a(d)(2): 2 staff present: 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: Johanne Dale

Signature: [Signature]
(Person in Charge)

Print Name: Cassidy Colacicco