

2021-846

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mendon YMCA Head Start Date: 8/30/21 Time: 12 noon

Location Address: 398 Liberty Street, Mendon, CT 06450-4529 Telephone #: 203 238-9166

e-mail address: ccattela@mendonymca.org License #: 16864 Expiration Date: 4/30/23

Capacity: 124/6 # of Children Present: 0 # of Staff Present: 20

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: Complaint/investigation 2021-846

Observations/Corrections needed:

PIC - Christine Ramezzana - Director - Program closed for professional development

(NS) 19a-79-3a(b)(7) - Administration - Annual Training - Program provided orientation/annual training to staff on program policies + procedures

(S) 19a-79-3a(b)(8)(A) - Administration - Managing children's Behaviors - Per Staff/Director. Staff did not manage children's behaviors using techniques based on developmentally appropriate practice, including positive guidance. Staff did not adhere to the program's discipline and redirection policy when staff used a book to tap/hit a child's head, out of frustration, when child did not follow director's cues to him.

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

(860) 351-7025

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/13/21

Signature: Valecia Williams
(OEC Representative)
Print Name: Valecia Williams
Signature: Christine Ramezzana
(Person in Charge)
Print Name: Christine Ramezzana