

2021-654

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA Head Start Date: 9/23/21 Time: 12:15

Location Address: 398 Liberty Street Menden, CT 06110 Telephone #: 203-238-9166

e-mail address: ccattell@mendenymca.org License #: 16864 Expiration Date: 12/31/23

Capacity: 124/0 # of Children Present: 69 # of Staff Present: 16

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 2021-654 - Self-Report

Observations/Corrections needed:

PIC - Director - Christine Ramezzano

(S) 19a-79-3a (d) (7) Administration - General Operating policy - Based on
interview w/ director/staff, staff did not adhere to the program's policy on children

Pick up procedures:

(NS) 19a-79-3a (b)(7) - Administration - Annual training - Program provided
annual ~~training~~ policy and procedure training to staff on program's policies + procedures.

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable) (860) 381-7675

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

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/9/21

Signature: Christine Ramezzano
(Person in Charge)

Valecia.williams@ct.gov
Christine Ramezzano