

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Infant+ Toddler Ctr Date: 4/14/22 Time: 9:40am

Location Address: 95 Main St. Meriden Telephone #: 203 379 0651

e-mail address: travalentin@Meridenymca.org License #: 16678 Expiration Date: 2/28/25

Capacity: 40/40 # of Children Present: 24 # of Staff Present: 9

<b>Consent to Inspect 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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2022-223

#### Observations/Corrections needed:

⑤ 19a-79-3a (a) (8) (iv) - Administration - Program policies. Staff failed to follow the programs policy for electronics when they were viewed on a personal cell phone for over 3 minutes while children present and awake in the classroom.

⑤ 19a-79-4a (c) (4) (D) - Staffing - Supervision - Staff failed to supervise a child when he climbed on a rocker chair in the classroom and it tipped over on top of another child.

⑤ 19a-79-10 (g) - Under threes Endorsement - Safe Sleep - Observed two children asleep in bouncy seats.

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: 4/27/22

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: T Travalentin