

2022-392

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA w/ John Barry Date: 6/13/22 Time: 3pm

Location Address: 124 Columbia St. Menden, CT 06457 Telephone #: (203) 410-0686

e-mail address: AFitzgerald@MendenYMCA.org License #: 7028 Expiration Date: 8/31/23

Capacity: 139/0 # of Children Present: 4 # of Staff Present: 18

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 2022-392 - Self Report

Observations/Corrections needed:

PIC - Amy Fitzgerald - Director / Alicia Algarin - assistant teacher
(S) 19a-79-4a(c) 4(d) Staffing - Supervision - Staff did not assure the supervision of the children at all times when a child was able to leave the program area and walk outside w/out a staff person(s) being aware of child's whereabouts. Program did not adhere to their written supervision plan policy.

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

(Pending) 19a-79-4a(a)(4) - Administration - Disciplinary Action

(Pending) 19a-79-3a(d)(8)(B) - Administration - Parental Policies - communicated w/ parents

* TA - ensure all staff have files on each licensed premises.

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

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

Signature: [Signature]
(OEC Representative)

Print Name: Valeria Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/28/22

Signature: [Signature]
(Person in Charge)

Print Name: Amy M. Fitzgerald