

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden-New Britain-Berlin YMCA Date: 3/21/23 Time: 10:56 am

Location Address: 111 Hart St. New Britain CT Telephone #: (860) 505-0870

e-mail address: lfigueroa@nbbyymca.org License #: 70228 Expiration Date: 9/30/24

Capacity: 40^{43 40} # of Children Present: 12 # of Staff Present: 5

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. Provider/Applicant/Substitute's Signature</i> <u>N/A</u>
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Purpose of visit: Follow up-Safe Sleep

Observations/Corrections needed:

⑤ 19a-79-10(c)(2) Under three endorsement-Ratio - Observed 1 Staff with 5 children in T1 classroom, exceeding 1 to 4 ratio

⑤ 19a-79-10(g)(3) Under three endorsement - Sleep arrangements - Observed 4 month old asleep with bib on and burp cloth in crib

⑤ 19a-79-10(g)(4) Under three endorsement - Crib for infant sleep - Observed 10 month old infant asleep in seat with blanket.

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: 4/4/2023

Signature: *Stephanie Pic*
(OEC Representative)

Signature: *Larisa Figueroa*
(Person in Charge)