

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden N. Britain - Berlin YMCA Date: 5/25/23 Time: 11:00 pm

Location Address: 12 Johnson Avenue, Meriden Telephone #: 203-440-3254

e-mail address: rdiaz@meridenymca.org License #: 76373 Expiration Date: 9/30/25

Capacity: 84 # of Children Present: 60 # of Staff Present: 19

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: 2023-450

Observations/Corrections needed:

(S) 19a-79-3a(6)(8)(A) - Administration - Managing children's behavior - staff failed to manage children's behavior using techniques based on developmentally appropriate practice when a staff is physically restraining children when they are not displaying self injurious behavior

19a-79-5a(3)(A) - Record Keeping - Operator failed to produce and maintain on the premises written record of an incident when the staff failed to write a written incident report. In addition, incident reports are written days after incident happened

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: _____
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/8/23

Signature: _____
(Person in Charge)