

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Infant Toddler Center Date: 6-17-23 Time: 9:50

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

e-mail address: tvalentin@meridenymca.org License #: 16678 Expiration Date: 2-28-25

Capacity: 40 # of Children Present: 33 # of Staff Present: 12

<b>Consent to Inspect</b> <b>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 _____
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Purpose of visit: Follow up to inspection dated 5-11-23

Observations/Corrections needed:

- OK #38 Care Plans: Observed care plan signed by staff and parent. Observed epi-pen and diphenhydramine, with current and complete med authorization to be complete and on site.
- OK #54 glass protected: Observed plexiglass to be mounted and secure to provide protection to glass when children use climber and/or crib.
- OK #67 water temperature: Observed hot water faucet in T-1 to be working and appropriate temperature.
- S #99 topical parent permission - observed 3 topical creams to not have start and/or end dates on parent permission forms.
- OK #100 labeling + storage - observed all topicals to be labeled and stored in accessible to children
- OK #140 bottles labeled - observed all infant bottles to be labeled.

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: 6-26-23

Signature: Jennifer Serra  
(OEC Representative)  
Print Name: Jen Serra

Signature: [Signature]  
(Person in Charge)  
Print Name: Suzette Frias