

Post for 30  
Operating  
Days

Connecticut Office of Early Childhood  
450 Columbus Boulevard, Suite 302 Hartford, CT 06103  
Phone (800)-282-6063 Fax (860)-326-0552

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <i>Menden New Britain-Berlin YMCA Early Learning Center</i>	License Number: <i>70373</i>	Date of Inspection: <i>3.2.22</i>	Time of Arrival: <i>9:17</i>
Address: <i>12 Johnson Ave</i>	Expiration Date: <i>9.30.25</i>	Licensed Capacity: <i>70</i>	Under 3 Capacity: <i>24</i>
Town: <i>Menden CT 06451</i>	Telephone: <i>203-440-3254</i>	# of children present: <i>44</i>	# of staff present: <i>13+</i>
Operator: <i>Meriden-New Britain-Berlin YMCA, Inc</i>	Director: <i>Raquel Diaz</i>	Head Teacher: <i>Hannah Reisman</i>	
Email: <i>tvalentin@mendenyumca.org</i>	Summer Care: <i>open</i>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	
Hours of Operation: <i>Mon-Fri 7a-5:30pm</i>	Ages Served: <i>6 weeks-5 years</i>		
Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y)	<input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

**Licensure Procedures 19a-79-2a**

1. Local Health Date: *10/16/21*

**Administration 19a-79-3a**

- 2. New Staff-Employee Orientation
- 3. Annual Staff Policy Training
- 4. Documentation of Behavior M. Tech Discussed w/Parents
- 5. Notification of Change
- 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: *8/15/19*
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: *12/31/21*
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: *12/18* Results: *pCi/L*

**Staffing 19a-79-4a**

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 21. Ratio: 1 Staff to 10 Children
- 22. Group Size: Maximum 20 Children
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	0	0

27. Logs/Visits Documented

**Swimming: (Y/N)**

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups Water Supply: *Public Well*
- 49. Lead Water Test Date: *5.18.21*  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 52. All Openings for Ventilation Screened
- 53. Windows Protected to Prevent Falls
- 54. Glass Protected to 36"
- 55. Overhead Doors Locking Devices/Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 57. Individual Storage of Clothing/Bedding
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 60. Electrical Safety: Outlets/Cords
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 63. Potty Chairs: Nonporous/Emptied/Disinfected
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <i>Jennifer Serra</i>	Written Corrective Action Plan Due to OEC by: <i>3.16.22</i>	Signature of Person in Charge: <i>Raquel Diaz</i>
Print name: <i>Jen Serra</i>		Print name: <i>Raquel Diaz</i>

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### CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <i>Meadow - New Britain - Berlin YMCA</i>	<b>License Number:</b> <i>70373</i>	<b>Date of Inspection:</b> <i>3.2.22</i>
<u>Physical Plant continued:</u> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free from Hazards <input type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input type="checkbox"/> 91. Lead Management Plan (Y/N) <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> <input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage	<u>Under Three Endorsement 19a-79-10</u> <input checked="" type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space <input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input checked="" type="checkbox"/> 115. Washable Cots <input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input checked="" type="checkbox"/> 120. Washed/Disinfected <input checked="" type="checkbox"/> 121. Disposable Paper Sheets <input checked="" type="checkbox"/> 122. Covered Waste Receptacle <input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted <input checked="" type="checkbox"/> 124. Hand Washing Policy Posted <input checked="" type="checkbox"/> 125. Individual Storage of Personal Items <input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document (Y/N) <input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/2" Diameter <input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded <input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> <input type="checkbox"/> 141. Play Space Fenced <input type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <input checked="" type="checkbox"/> 148. Approved Endorsement <input checked="" type="checkbox"/> 149. Written Program Plan/Supervision <input checked="" type="checkbox"/> 150. Staff Awake/Available <input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input checked="" type="checkbox"/> 152. Individual Storage of Personal Items <input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13 no child enrolled</u> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	
<b>Signature of OEC Representative</b> <i>Jennifer Seva</i>	<b>Written Corrective Action Plan Due to OEC by:</b> <i>3.16.22</i>	<b>Signature of Person in Charge</b> <i>Raquel Diaz</i>
<b>Print Name:</b> <i>Jen Seva</i>	<b>Print Name:</b> <i>Raquel Diaz</i>	

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden - New Britain - Berlin License # 70373 Date: 3.2.22  
YMCA Early Learning Center

## Observations/Corrections needed:

- #9 observed fire marshal certificate to be more than 2 years old
- #11 observed Food service certificate to be expired as of 12/31/21
- #13 observed emergency plans posted to not be incomplete, missing medical emergency plans and weather emergencies/plans
- #26 observed dietitian agreement/contract to be more than 1 year old
- #27 Dietician's consultant log not current, more than 1 year.
- #38 Observed 11 medications on site. observed 4 out of 11 care plans to not be signed by the parent. Observed 2 med orders without care plans on site and several not signed by parents
- #44 Observed 2 first aid kits to be incomplete. both missing current 1st aid book, both missing 2 triangular bandages.
- #45 observed floor trim, heating vents, door trim, textured bathroom walls to have accumulated dust, dried paint, and unclean throughout program space
- observed cabinets, under sinks, in infant room to have cabinet facings to be peeling, chipping
  - observed walls behind garbage cans to have dried matter, food splatter and dried paint, throughout
- #67 observed water temp in P-3 to measure greater than 1730

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: Jennifer Sen  
(OEC Representative)

Print Name: Jen Sen

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Rafael Diaz  
(Person in Charge)

OEC BY: 3.2.22

Print Name: RAFAEL DIAZ

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mendon NB Berlin YMLA License # 70373 Date: 3.2.22  
Early Learning Center

Observations/Corrections needed:

- #169-observed walls to have areas of chipping paint in room P-3 by cots, window sills and radiator boxes in P-3 and door gate between T1 and T2
  - #70 observed rug in P-3 (by bathroom) to have curled edges and to have wrinkles - causing tripping hazard
  - #76 observed cleaning wipes, bleach, disinfectant cleaner accessible under sink in P2, P-1 and P-3, cabinets not locked, accessible to children.
  - #80 observed CO detector on toddler level. Program has 4 levels
  - #99 observed 13 authorization/permission forms for topical, 8 of 13 to be incomplete and 2 to be expired
  - #100 observed 3 topical to not be labeled.
  - #102 observed 12 meds - observed 4/12 to not have MAPs observed 6 authorization forms to be incomplete. Observed 1 incomplete authorization form, med not on site.
  - #133 observed plastic bags accessible in unlocked drawers in T-2
  - #134 observed health consultants log to not be current, weekly visits <sup>not</sup> documented since 9/24/21
  - #140 observed 1 infant bottle not labeled.
- outdoor play areas not observed due to snow coverage

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Operators/providers are required by regulations and statutes to be in compliance at all times. Signature: Jennifer Linn Jen Serr  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-16-22

Signature: Raquel Diaz  
(Person in Charge)