

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Meriden-N.B. Berlin Learning Center YMCA Early</u>	License Number: <u>70373</u>	Date of Inspection: <u>3/27/23</u>	Time of Arrival: <u>10</u>
Address: <u>12 Johnson Ave</u>	Expiration Date: <u>9/30/25</u>	Licensed Capacity: <u>76</u>	Under 3 Capacity: <u>24</u>
Town: <u>Meriden, CT 06</u>	Telephone: <u>203.940.3254</u>	# of children present: <u>59</u>	# of staff present: <u>17</u>
Operator: <u>Meriden-N.B. Berlin YMCA, Inc.</u>	Director: <u>Raquel Diaz</u>	Head Teacher: <u>Carmelina Scoti</u>	
Email: <u>rdiaz@meridenymca.org</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>M-F 7:00-5:30 pm</u>	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		
Ages Served: <u>6 weeks - 5 years</u>	Endorsements: <input checked="" 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: 10-6-21

**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: 3-16-22
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: 12/23
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: 2-8-18 Results: 3.2
- 15a. Developmental Milestones

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

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 18b. Background Checks
- 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

**Swimming: (Y/N)**

28. Non-Swimmers Identified

**Swimming cont.**

- 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:

*Jennifer Serra*

Print name: Jen Serra

Written Corrective Action Plan Due to OEC by: 3-13-23

Signature of Person in Charge:

*Raquel Diaz*

Print name: RAQUEL DIAZ

## CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <i>Meriden N.B Berlin Learning Center YMCA Early</i>		<b>License Number:</b> <i>70373</i>	<b>Date of Inspection:</b> <i>2.27.23</i>
<b>Physical Plant continued:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Water Temperature 60°-115°</li> <li><input checked="" type="checkbox"/> 68. Portable Space Heaters</li> <li><input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair</li> <li><input checked="" type="checkbox"/> 70. Rugs Secure</li> <li><input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected</li> <li><input checked="" type="checkbox"/> 72. Working Phone on Each Level</li> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic</li> <li><input checked="" type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul>		<b>Under Three Endorsement 19a-79-10</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 109. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children</li> <li><input checked="" type="checkbox"/> 111. Group Size no Larger than 8</li> <li><input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)</li> <li><input checked="" type="checkbox"/> 113. Adequate Sinks in Program Space</li> <li><input checked="" type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs</li> <li><input checked="" type="checkbox"/> 115. Washable Cots</li> <li><input checked="" type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray</li> <li><input checked="" type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment</li> <li><input checked="" type="checkbox"/> 118. Refrigerators and Food Prep Facilities</li> <li><input checked="" type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use</li> <li><input checked="" type="checkbox"/> 120. Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 121. Disposable Paper Sheets</li> <li><input checked="" type="checkbox"/> 122. Covered Waste Receptacle</li> <li><input checked="" type="checkbox"/> 123. Diaper Changing Policy Posted</li> <li><input checked="" type="checkbox"/> 124. Hand Washing Policy Posted</li> <li><input checked="" type="checkbox"/> 125. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 126. Cribs/Cots Washed/Disinfected</li> <li><input checked="" type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N</li> <li><input checked="" type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping</li> <li><input checked="" type="checkbox"/> 130. Crib/Bed Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily</li> <li><input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter</li> <li><input checked="" type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible</li> <li><input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits</li> <li><input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time</li> <li><input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent</li> <li><input checked="" type="checkbox"/> 137. Unused Portions of Liquids Discarded</li> <li><input checked="" type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing</li> <li><input checked="" type="checkbox"/> 139. Food Served from Dish or Whole Jar Served</li> <li><input checked="" type="checkbox"/> 140. Bottles Individually Identified w/Child's Name</li> </ul>	
<b>Outdoor Space</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free from Hazards</li> <li><input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N)</li> <li><input checked="" type="checkbox"/> 91. Lead Management Plan (Y/N)</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul>		<b>Outdoor Play Space-Under Three:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 141. Play Space Fenced</li> <li><input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate</li> </ul>	
<b>Educational Requirements 19a-79-8a</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul>		<b>School Age Children Endorsement 19a-79-11</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul>	
<b>Administration of Medications 19a-79-9a</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul>		<b>Night Care Endorsement 19a-79-12 (10pm-5am)</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 148. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 149. Written Program Plan/Supervision</li> <li><input checked="" type="checkbox"/> 150. Staff Awake/Available</li> <li><input checked="" type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel</li> <li><input checked="" type="checkbox"/> 152. Individual Storage of Personal Items</li> <li><input checked="" type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly</li> </ul>	
<b>Nonprescription Topical Medications</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul>		<b>Monitoring of Diabetes 19a-79-13</b> <i>no child enrolled</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<b>Oral/Topical/Inhalant/Injectable Medications</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 103. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul>		<b>Self-Administration</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> </ul>	
<b>Emergency Distribution of Potassium Iodide</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>			
<b>Emergency Distribution of Potassium Iodide</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 108. KI Pills Parent Permission/Storage</li> </ul>			

<b>Signature of OEC Representative</b> <i>Jan Seno</i>	<b>Written Corrective Action Plan</b> Due to OEC by: <i>3.13.23</i>	<b>Signature of Person in Charge</b> <i>Racquel Diaz</i>
Print Name: <u>Jan Seno</u>		Print Name: <u>RACQUEL DIAZ</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden NB Berlin YMCA License # 70373 Date: 2.22.23

Observations/Corrections needed: Early Learning Center

#18b Observed 1 staff member, in ratio, without current or work supervised status in BCIS

#26 Program utilizes 2 health consultants. Observed signed agreement from 1 health consultant, unable to observe current signed agreement for health consultant who has conducted most recent visits

#33 Observed 1 child file out of 10 to not have emergency medical permission

#38 Observed 7 care plans not signed by all staff responsible for care of children and/or parent/guardian

#43 Observed staff in both toddler rooms to serve lunch to students without washing hands prior to serving food  
Observed students in toddler rooms to not wash hands prior to eating lunch.

#44 Observed 5 first aid kits. All first aid kits missing current (within 5 yrs print) First Aid book. All first aid kits observed to be incomplete.

#45 observed dangling cords in T-1 air conditioner and room P-2. Cords by entrance door from CD player, computer.  
Observed microwave in T-1 to be in a state of disrepair, with rust in several areas inside microwave

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: Jen Serra Jen Serra  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Joseph Oney  
(Person in Charge)

OEC BY: 3.13.23

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Mendon NB Berlin YMCA License # 70373 Date: 2.27.23

Observations/Corrections needed: Early Learning Center

#45 cont. observed white laminate drawer front to be peeling in P-1

-observed door to basement, accessible from T-1 and T-2 to not be locked.

-observed radiator protective boxes to have accumulated dust and matter.

#67 observed hand wash sink in T-1 to not have running hot water. Temperature in sink measured 55°

#69 observed broken floor tiles, with missing pieces in P-1 + P-2 bathroom and in T-1-T-2 bathroom Floor tiles in state of disrepair

-observed floor/wall <sup>low</sup> ~~and~~ ~~set~~ vents to be soiled and have accumulated dust and matter. Observed ceiling ~~tile~~ <sup>tile</sup> vents in bathroom to be dusty.

-gate between T1 and T2 to have excessive wear along top of gates, missing paint. Observed areas of wall in 2 in foot rooms with hole in wall behind P-3 bathroom gate - wall now porous <sup>peeling/chipping paint</sup>

#70 observed turtle rug in P-3 to be curling up in front of student bathroom and large wrinkles through class/area posing a trip hazard.

Observed Alphabet rug in T-1 to not be secure, causing a trip hazard.

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: Jen Sena Jen Sena  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Paul O'Neil  
(Person in Charge)

OEC BY: 3.13.23

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Menden N.B. Berlin YMCA License # 70373 Date: 2.27.23

Observations/Corrections needed: Early Learning Center

- #76 observed fabulosa, bleach and disinfectant cleaner accessible in unlocked cabinet, under sink in P-3 room.
- #103 observed 1 medication on site without authorization form. Observed 3 meds on site with authorization forms more than 1 year old (expired)
- observed 1 med authorization form parent did not check off authorization to administer.
- ~~#123 observed posted diaper changing policy in T-1 J.S.~~
- #133 observed plastic bags accessible in drawers under cabinet in toddler T1 room (under 3 room)
- #134 observed documentation of last health consultant visit to be 2/10/23. Health consultant to visit weekly.

Discus

- 2 stained ceiling tiles in P-1 room
- observed 2 meds to ~~have~~<sup>be</sup> expiring 2/23/
- observed 1 topical form without an end date

Staff files not reviewed during inspection. Boxes not marked, were not observed. Will be inspected at followup visit

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 Sena  
(OEC Representative)  
Print Name: Jen Sena

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Raquel Diaz  
(Person in Charge)  
Print Name: RAQUEL DIAZ

OEC BY: 3.13.23