

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Meriden YMCA Child Care @ Franklin</u> <u>Ben</u>	License Number: <u>116640</u>	Date of Inspection: <u>5.17.23</u> Time of Arrival: <u>3:20</u>
Address: <u>426 W Main St</u>	Expiration Date: <u>11.30.24</u>	Licensed Capacity: <u>117</u>
Town: <u>Meriden 06451-3802</u>	Telephone: <u>203-235-6386</u>	# of children present: <u>4</u> # of staff present: <u>4</u>
Operator: <u>Menden-New Britain-Berlin YMCA, Inc.</u>	Director: <u>Stephanie Fusco</u>	
Email: <u>s.fusco@nbbyymca.org</u>	Head Teacher: <u>none</u>	
Hours of Operation: <u>M-F 6:45-8:45, 3:20-6:00 pm</u>	Summer Care: <u>Closed</u>	
Ages Served: <u>5-12 years</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time	

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 9.29.22

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: 8.23.22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: na
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: na Results: _____
 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
 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	na	na

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 (Y/N) Date: na
 Bacterial/Chemical Test (Y/N) Date: na
 50. Walkways Maintained
 51. Designated Staff Toilet/Sink
 53. Windows Protected to Prevent Falls
 55. Overhead Doors Locking Devices/ Spring Protectors
 56. Exits/Hallways and Stairs Unobstructed
 58. Smoking Prohibited
 59. Matches/Lighters Inaccessible
 61. Toileting Needs Met
 62. Required Toilets/Sinks/Supplies
 64. Hand Washing After Toileting: Staff/Children
 65. Ventilation in Toilet Room
 66. Air Temperature Comfortable
 68. Portable Space Heaters
 69. Building/Equipment: Sanitary/Hazard Free
 71. Hot Water/Steam Pipes Protected
 72. Working Phone on Each Level

Signature of OEC Representative:

Jennifer Serra
Print Name: Jen Serra

Written Corrective Action Plan

Due to OEC by: 5.31.23

Signature of Person in Charge:

Stephanie Fusco
Print Name: Stephanie Fusco

SCHOOL AGE ONLY INSPECTION FORM

<p>Program Name: <i>Meriden YMCA child care @ Ben Franklin</i></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <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"/> 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 <p>Outdoor Space</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <p>Educational Requirements 19a-79-8a</p> <ul style="list-style-type: none"> <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 <p>Administration of Medications 19a-79-9a</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <p>Nonprescription Topical Medications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <p>Oral/Topical/Inhalant/Injectable Medications</p> <ul style="list-style-type: none"> <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 <p>Self-Administration</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization 	<p>License Number: <i>16640</i></p> <p>School Age Children Endorsement 19a-79-11</p> <ul style="list-style-type: none"> <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 <p>Monitoring of Diabetes 19a-79-13 <i>no child enrolled</i></p> <ul style="list-style-type: none"> <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 	<p>Date of Inspection: <i>5.17.23</i></p>
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<p>Signature of OEC Representative <i>Jennifer Serra</i></p>	<p>Written Corrective Action Plan Due to OEC by: <i>5.31.23</i></p>	<p>Signature of Person in Charge <i>Stephanie Finner</i></p>
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Print Name: *Leo Serra*

Print Name: *Stephanie Finner*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Child Care @ Ben Franklin License # 16640 Date: 5.17.23

Observations/Corrections needed:

- #12 observed no menu's posted, accessible to parents
- #20 Upon arrival observed 1 staff with 2 children present. Observed 1 staff present with 11 children, before second staff arrived 11 minutes after first child was observed.
- #16 observed $\frac{2}{3}$ out of 8 staff files to not have current staff health records on site and/or TB results observed 1 out of 8 staff files to have health record more than 2 years.
- #19 program does not have an approved head teacher
- #38 observed 1 care plan not signed by all staff
- #43 observed staff serve snacks to children without washing hands with soap and water. Observed students eat snack without washing hands with soap and water prior to eating.
- #44 observed 1 ⁱⁿ⁻complete first aid kit, missing band triangular bandage. Observed staff take all children outside without a first aid kit.

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 Serra Sen
(JEC Representative) Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Squard
(Person in Charge)

OEC BY: 5.31.23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA child care License # 116640 Date: 5.17.23
at Ben Franklin

Observations/Corrections needed:

#76 observed cleaning wipes for surfaces and equipment
stored on children's toy shelves. NO contents or documentation
listed.

#145 Ratio - observed multiple incidences of staff
leaving Cafeteria; leaving program out of ratio
observed 3 staff w/ 31 children
observed 1 staff with 32 kids
observed 2 staff with 32 kids
observed 3 staff with 41 children

Discus

observed 1 student file missing documentation
of behavior management review
Developmental milestones not posted

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Operators/providers are required by regulations and statutes
to be in compliance at all times.

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Stephanie Russo
(Person in Charge)

OEC BY: 5.31.23

Print Name: Stephanie Russo