

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

| | | | |
|--|---|---------------------------------------|------------------------------|
| Program Name: <u>Meriden YMCA Preschool Center</u> | License Number: <u>Pending</u> | Date of Inspection: <u>8.31.23</u> | Time of Arrival: <u>9:07</u> |
| Address: <u>110 W Main St</u> | Expiration Date: | Licensed Capacity: | Under 3 Capacity: |
| Town: <u>Meriden 06451</u> | Telephone: <u>203-235-6386</u> | # of children present: | # of staff present: |
| Operator: <u>Meriden - N.B. Berlin YMCA Inc</u> | Director: <u>Tina Valentin</u> | Head Teacher: <u>Jennifer Pedrick</u> | |
| Email: <u>tvalentin@meridenymca.org</u> | Summer Care: <u>open</u> | | |
| Hours of Operation: <u>Mon-Fri 7am-5pm</u> | Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found | | |
| Ages Served: <u>3-5 years</u> | 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: 6.1.23
- 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: 6.7.23
 - 10. OEC Complaint Procedure
 - 11. Food Service Certificate Date: 12.31.23
 - 12. Menus
 - 13. Emergency Plans
 - 14. No Smoking Signs
 - 15. Radon Test (Y/N) Date: pending 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
 - 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 type="checkbox"/> |
| Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Social Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dental | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dietitian | <input checked="" type="checkbox"/> | <input 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: 6.8.23
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: Jen Serra Printed name: Jen Serra

Written Corrective Action Plan Due to OEC by: Evelyn Vicente-Quinones prior to licensure

Signature of Person in Charge: Tina Valentin Printed name: Tina Valentin

CHILD CARE CENTER/GROUP INSPECTION FORM

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|---|---|
| <p>Program Name: <i>Menden YMCA Preschool Center</i></p> <p>Physical Plant continued:</p> <ul style="list-style-type: none"> <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 <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 from Hazards <input checked="" type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <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 <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization | <p>License Number: <i>pending</i></p> <p>Date of Inspection: <i>8.31.23</i></p> <p>Under Three Endorsement 19a-79-10</p> <ul style="list-style-type: none"> <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 checked="" 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 1/4" 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 <p>Outdoor Play Space-Under Three:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <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>Night Care Endorsement 19a-79-12 (10pm-5am)</p> <ul style="list-style-type: none"> <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 <p>Monitoring of Diabetes 19a-79-13</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 |
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| <p>Signature of OEC Representative <i>Jennifer Serrano</i></p> | <p>Written Corrective Action Plan Due to OEC by: <i>prior to licensure</i></p> | <p>Signature of Person in Charge <i>Tina Valentini</i></p> |
|--|--|--|

Print Name: *Len Serrano Evelyn Vicente-Quinones* Print Name: *Tina Valentini*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Meriden YMCA Preschool Center License # pending Date: 8.31.23

Observations/Corrections needed:

#6 observed policies submitted to OEC incomplete. Provider policy review checklist tool.

#13 observed emergency plans posted to be incomplete, missing medical, weather and meeting location (safe place)

#18.6 Observed BCIS roster to not be complete, no staff indicated. observed 1 out of 6 staff to not have current or work supervised status.

#44 observed 1 First aid kit. Per director program ^{is} ~~with~~ may not always remain as one group. 2 First aid kits not observed.

#65.5~~6~~ observed 4 exterior window panels to not have safety etching or protected to 36."

#65 observed 2 childrens bathroom and staff bathrooms to not have working fans/ventilation

#66 Unable to observe wall thermometer in classroom

#74 observed areas of close work to not have 50 candle feet of light; science, writing, circle time and two of 3 larger tables, including manipulative and art areas

#95 unable to observe written plans for daily program

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 Evelyn Vicente-Quiroga
(OEC Representative)Print Name: Jennifer Serra Evelyn Vicente-Quiroga

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tina Valentin
(Person in Charge)OEC BY: prior to licensurePrint Name: Tina Valentin

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA Preschool License # pending Date: 8.31.23
center

Observations/Corrections needed:

- #69 observed 2 ceiling tiles with water stains and 5 dusty ceiling tiles around classroom ceiling vent
- #97 unable to observe written policies/procedures for admin of medication in documentation submitted electronically and not present during inspection
- #98 unable to observe the admin of med training outline, not available

Outdoor area/playground under construction
 gym floors being refinished. Unable to observe and measure. Inspection not complete, all items not checked will be inspected at follow-up visit

Discuss:

hallways currently not clear due annual YMCA shut down/clean-up/renovation week

- no smoking signs posted during visit
- emergency plans updated and posted

Operator to receive C4 kids - emergency plans do not meet federal requirements at this time

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

Signature: Jen Sena
 (OEC Representative)
Jen Sena
Enlyn Vicente-Quinones

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: _____
 (Person in Charge)

OEC BY: prior to licensure