



## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                     |   |  |            |                                    |                           |  |                                |                           |                                    |
|-------------------------------------|---|--|------------|------------------------------------|---------------------------|--|--------------------------------|---------------------------|------------------------------------|
| <b>Program Name</b>                 | <b>MERIDEN YMCA B/A SCHOOL AT ISRAEL PUTNAM</b> |  |            |                                    | <b>License Number</b>     | <b>DCCC.70010</b>  | <b>Date of Inspection</b>      | <b>01/22/2024</b>         |                                    |
|                                     |   |  |            |                                    | <b>Expiration Date</b>    | <b>8/31/2027</b>   | <b>Time of Inspection</b>      | <b>01:28 PM</b>           |                                    |
| <b>Address</b>                      | <b>133 PARKER AVE<br/>MERIDEN CT 06450-5925</b> |  |            |                                    | <b>Telephone</b>          | <b>(203) 514-9755</b>  | <b>Licensed Capacity</b>       | <b>58</b>                 |                                    |
|                                     |   |  |            |                                    | <b>Hours of Operation</b> | <b>MON - FRI: 6:45 AM<br/>TO:8:45 AM ; AND 3:00 PM<br/>TO: 6:00 PM</b> | <b>Infant/Toddler Capacity</b> | <b>0</b>                  |                                    |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>                                     |  | <b>No?</b> | <b>X</b>                           |                           |  | <b>Summer Care</b>             | <b>Closed</b>             |                                    |
| <b>New Address</b>                  |   |  |            |                                    | <b>Minimum Age Served</b> | <b>5 years</b>   | <b>Maximum Age Served</b>      | <b>10 years</b>           |                                    |
|                                     |   |  |            |                                    |                           |  | <b>Water Supply</b>            | <b>Public Water</b>       |                                    |
|                                     |   |  |            |                                    | <b>Program's Email</b>    | <b>sfusco@nbbyymca.org</b>   |                                |                           |                                    |
| <b>Operator</b>                     | <b>MERIDEN-NEW BRITAIN-BERLIN YMCA, INC.</b>    |  |            |                                    | <b>Name of Inspector</b>  | <b>Jenn Schulz</b>   |                                |                           |                                    |
| <b>Director</b>                     | <b>STEPHANIE FUSCO</b>                          |  |            |                                    | <b>Inspector's Email</b>  | <b>jennifer.schulz@ct.gov</b>  |                                |                           |                                    |
| <b>Key:</b>                         | <b>Compliant = X</b>                            | <b># of Infants - Toddlers Present</b> | <b>0</b>   | <b># of Total Children Present</b> | <b>36</b>                 | <b># of Staff Present</b>  | <b>2</b>                       | <b>Type of Inspection</b> | <b>ANNOUNCED INSPECTION - FULL</b> |
|                                     | <b>Non-Compliant = O</b>                        |  |            |                                    |                           |  |                                |                           |                                    |

#### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: <b>01/08/2024</b>                   |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

#### ADMINISTRATION 19a-79-3a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1b. Administration</b>                                       |  |
| <b>X</b> | <b>1bb. Capacity</b>  |  |
| <b>X</b> | <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>X</b> | <b>3. Annual Staff Policy Training</b>                          |  |
| <b>X</b> | <b>3b. Managing child behavior</b>                              |  |
| <b>X</b> | <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>X</b> | <b>4b. Failure to report</b>                                    |  |

|                                  |   |   |
|----------------------------------|---|---|
| <b>X</b>                         | 5. Notification of Change                       |   |
| <b>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time   |
| <b>O</b>                         | 7. Daily Attendance Records- staff and children | Failed to record daily attendance for staff when two staff were signed in during inspection and 6 staff present.                          |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |   |
| <b>X</b>                         | 8. License                                      |   |
| <b>X</b>                         | 9. Fire Marshal certificate                     |   |
|                                  | Date  | 08/23/2023  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |   |
|                                  | 11. Food Service Certificate                    | N/A?  |
|                                  | Date  | X   |
| <b>X</b>                         | 12. Menus                                       |   |
| <b>X</b>                         | 13. Emergency plans                             |   |
| <b>X</b>                         | 14. No Smoking Signs                            |   |
|                                  | 15. Radon Test                                  | N/A?  |
|                                  | Date  | Results   |
|                                  |   | X   |
| <b>X</b>                         | 15a. Developmental Milestones                   |   |
| <b>X</b>                         | 15b. Access                                     |   |
| <b>X</b>                         | 15bb. Endorsements                              |   |
| <b>STAFFING 19a-79-4a</b>        |   |   |
| <b>X</b>                         | 15c. Staffing                                   |   |
| <b>O</b>                         | 16. Staff Health records – TB tests             | Failed to maintain complete medical statement(s) for 3 out of 8 staff files.<br>Failed to maintain T8 results for 2 out of 8 staff files. |
| <b>O</b>                         | 17. Professional development                    | Failed to document professional development for 7 out of 8 staff files.   |
| <b>X</b>                         | 18. Disciplinary actions                        |   |
| <b>O</b>                         | 18b. Background checks                          | Failed to ensure staff have completed background checks for one staff present without current or work supervised status in BCIS.          |

|                                 |   |                   |               |                       |               |                                |
|---------------------------------|---|-------------------|---------------|-----------------------|---------------|--------------------------------|
| <b>X</b>                        | 19. Designated Head Teacher               |                   |               |                       |               |                                |
| <b>X</b>                        | 20. Two Staff present                     |                   |               |                       |               |                                |
| <b>X</b>                        | 20a. Staff Qualities                      |                   |               |                       |               |                                |
|                                 | 21. Ratio: 1 staff to 10 children         |                   |               |                       |               |                                |
| <b>X</b>                        | 21b. Supervision                          |                   |               |                       |               |                                |
|                                 | 22. Group Size – maximum 20 children      |                   |               |                       |               |                                |
| <b>X</b>                        | 23. Designated director - Training        |                   |               |                       |               |                                |
| <b>X</b>                        | 24. CPR Certified Staff (Group Home N/A)  |                   |               |                       |               |                                |
| <b>X</b>                        | 25. First Aid Trained Staff               |                   |               |                       |               |                                |
| <b>X</b>                        | 26. Consultants- Agreements and Contracts |                   |               |                       |               |                                |
| <b>X</b>                        | 27. Logs – Visits documented              |                   |               |                       |               |                                |
|                                 | Not in Compliance?                        | <b>Education</b>  | <b>Health</b> | <b>Social Service</b> | <b>Dental</b> | <b>Dietician N/A? <b>X</b></b> |
|                                 | Contracts                                 |                   |               |                       |               |                                |
|                                 | Logs                                      |                   |               |                       |               |                                |
|                                 | Do they take children swimming?           | <b>N SWIMMING</b> |               |                       |               |                                |
| <b>X</b>                        | 28. Non-swimmers identified               |                   |               |                       |               |                                |
| <b>X</b>                        | 29. Staff/Child Ratios                    |                   |               |                       |               |                                |
| <b>X</b>                        | 30. CPR certified staff (20 years of age) |                   |               |                       |               |                                |
| <b>X</b>                        | 31. Lifeguard certified - supervision     |                   |               |                       |               |                                |
| <b>RECORD KEEPING 19a-79-5a</b> |   |                   |               |                       |               |                                |
| <b>X</b>                        | 32. Enrollment information                |                   |               |                       |               |                                |
| <b>X</b>                        | 33. Emergency medical permission          |                   |               |                       |               |                                |
| <b>X</b>                        | 34. Authorized release permission         |                   |               |                       |               |                                |
| <b>X</b>                        | 35. Field trip permission                 |                   |               |                       |               |                                |
| <b>X</b>                        | 36. Transportation permission             |                   |               |                       |               |                                |

|                                    |  |  |
|------------------------------------|--|--|
| <b>X</b>                           | 37. Child health records and immunizations                           |  |
| <b>O</b>                           | 38. Individual care plan (signed by parents and staff)               | Failed to maintain individual care plans for 1 child present with development delays and learning variations. No care plans observed for two students with medications on site. Observed 7 care plans not signed by all staff responsible for the care of children. Observed 1 Care plan not signed by the parent. Observed 1 care plan missing steps and dosages. |
| <b>X</b>                           | 39. Injury, Illness, Accident reports                                |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |  |
| <b>X</b>                           | 40. Nutritious snacks and meals (required food groups)               |  |
| <b>X</b>                           | 41. Proper refrigeration (max 45°)                                   |  |
| <b>X</b>                           | 42. Kitchen separated  | N/A?   |
| <b>O</b>                           | 43. Hand washing – before eating or food handling                    | Failed to ensure staff wash their hands before eating or handling food with soap and water. Failed to ensure children wash their hands before eating or handling food with soap and water  |
| <b>O</b>                           | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       | Failed to maintain complete first aid kit(s) indoor first aid kit observed to be missing square gauze, rolled gauze, tape and alcohol swabs or probe covers. first aid kit missing tweezers, scissors, triangle bandages. Backpack first aid kit observed to be missing tweezers, scissors, thermometer, alcohol swabs or probe covers and 1 triangular bandage.   |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |  |  |
| <b>X</b>                           | 45. License premises – clean, good repair, hazard free               |  |
| <b>X</b>                           | 47b. Plans for new construction, expansion, renovation or conversion |  |
| <b>X</b>                           | 48. Sanitary drinking fountains – disposable cups                    |  |
|                                    | 49. Lead Water Test (N/A?) <b>X</b>                                  | Bacterial/Chemical Test (N/A?) <b>X</b>  |
| <b>X</b>                           | 50. Walkways maintained  |  |
| <b>X</b>                           | 51. Designated staff toilet/sink                                     |  |
|                                    | 52. All openings for ventilation screened                            |  |
| <b>X</b>                           | 53. Windows protected to prevent falls                               |  |
|                                    | 54. Glass protected up to 36”  |  |
| <b>X</b>                           | 55. Overhead doors – locking devices, spring protectors              |  |
| <b>X</b>                           | 56. Exits, Hallways and Stairs unobstructed                          |  |

|   |   |  |
|---|---|--|
|   | 57. Individual storage of clothing and bedding            |  |
| X | 58. Smoking prohibited                                    |  |
| X | 59. Matches and lighters inaccessible                     |  |
|   | 60. Electrical safety – outlets/cords                     |  |
| X | 61. Toileting needs met                                   |  |
| X | 62. Required toilets, sinks, supplies                     |  |
|   | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| X | 64. Hand washing after toileting – staff and children     |  |
| X | 65. Ventilation in toilet rooms                           |  |
| X | 66. Air temperature 65 degrees, thermometer affixed       |  |
|   | 67. Water temperature 60° – 115°                          |  |
| X | 68. Portable space heaters                                |  |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
|   | 70. Rugs secure   |  |
| X | 71. Hot water, steam pipes protected                      |  |
| X | 72. Working phone on each level                           |  |
| X | 73. Emergency numbers posted                              |  |
| X | 74. Adequate lighting - 50/30 candle feet                 |  |
| X | 75. Light fixtures shielded, shatter proof                |  |
| X | 76. Potentially hazardous substances locked               |  |
| X | 77. Garbage, rubbish disposed daily                       |  |

|  |   |   |  |
|--|---|---|--|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |   |  |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br>N  |  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br>N   |  |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |   |  |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |   |  |
|  | 83. Cots stored, maintained, adequate number                  |   |  |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |   |  |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br>N  |  |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |   |  |
| <b>OUTDOOR SPACE</b>                           |   |   |  |
|  | 87. Outdoor space - adequate square footage per child         |   |  |
|  | 88. Impact absorbing material under equipment                 |   |  |
|  | 89. Playground free from hazards                              |   |  |
|  | 92. Equipment anchored, safely arranged                       |   |  |
|  | 93. Outdoor play area protected, fenced                       |   |  |
|  | 94. Drinking water available, accessible                      |   |  |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |   |  |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |   |  |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |  |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |   |  |
| <b>X</b>                                       | 97. Written policies, procedures                              |   |  |
| <b>X</b>                                       | 98. Training outline on file                                  |   |  |

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |  |            |   |   |  |
|-------------------------------------|--|--|------------|---|---|--|
| <b>X</b>                            | 99. Administration, parent permission, MAR   |  |            |   |   |  |
| <b>X</b>                            | 100. Labeling, storage   |  |            |   |   |  |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |  |            |   |   |  |
| <b>X</b>                            | 101. Med trained staff, certificates   |  |            |   |   |  |
|                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> | O/T/I  | Injectable | Y | Y |  |
| O/T/I                               | Injectable   |  |            |   |   |  |
| Y                                   | Y  |  |            |   |   |  |
| <b>O</b>                            | 102. Authorized prescriber, parent permission, MAR   | Failed to maintain written order from prescriber for medication for 4 medications on site. . Failed to maintain current written orders for 1 medication on site. . Failed to maintain written parent permission for medication for 1 medication on site. |            |   |   |  |
| <b>O</b>                            | 103. Labeling, storage   | Failed to maintain proper storage of medication when all medications were observed to be stored on the low shelves, with toys, accessible to children.   |            |   |   |  |
| <b>O</b>                            | 104. Unused, expired meds returned/disposed  | Failed to ensure that expired medication is destroyed or returned to the parent when an epi pen with an expiration date of 11/2023.  |            |   |   |  |
| SELF-ADMINISTRATION                 |  |  |            |   |   |  |
| <b>X</b>                            | 105. Authorized prescriber, parent permission, MAR   |  |            |   |   |  |
| <b>X</b>                            | 106. Labeling, storage   |  |            |   |   |  |
| <b>X</b>                            | 107. Approved petition for special medication authorization  |  |            |   |   |  |
| <b>No</b>                           | Is there an approved endorsement?  | <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>  |            |   |   |  |
|                                     | 109. Approved endorsement  |  |            |   |   |  |
|                                     | 110. Ratio: 1 staff to 4 children  |  |            |   |   |  |
|                                     | 111. Group size: no larger than 8  |  |            |   |   |  |
|                                     | 112. Physical barriers, groups of 8 (indoors and outdoors)   |  |            |   |   |  |
|                                     | 113. Adequate sinks in program space   |  |            |   |   |  |
|                                     | 114. Free standing, well-constructed, safe cribs   |  |            |   |   |  |
|                                     | 115. Washable cots   |  |            |   |   |  |
|                                     | 116. Chairs for feeding, stable, safety straps, locking tray   |  |            |   |   |  |
|                                     | 117. Developmentally appropriate tables, chairs, equipment   |  |            |   |   |  |
|                                     | 118. Refrigerators and food prop facilities  |  |            |   |   |  |

|  |     |    |  |
|--|-----|----|--|
| 119. Diaper area-<br>sturdy, safety rail,<br>nonporous, exclusive<br>use |     |    |  |
| 120. Diaper area-<br>washed, disinfected                                 |     |    |  |
| 121. Diaper area-<br>disposable paper<br>sheets                          |     |    |  |
| 122. Covered waste<br>receptacle   |     |    |  |
| 123. Diaper<br>changing policy<br>posted, followed                       |     |    |  |
| 124. Hand washing<br>policy posted,<br>followed                          |     |    |  |
| 125. Individual<br>storage of personal<br>items                          |     |    |  |
| 126. Cribs/cots<br>washed and<br>disinfected                             |     |    |  |
| 127. Under 12<br>months- placed on<br>back for sleeping                  |     |    |  |
| 128. Alternate sleep<br>position-<br>equipment, medical<br>documentation | Yes | No |  |
| 129. Crib, bed used<br>for infant sleeping                               |     |    |  |
| 130. Crib, bed free<br>from observable<br>hazards                        |     |    |  |
| 131. Infant toys<br>separate, washed,<br>disinfected daily               |     |    |  |
| 132. No toys, objects<br>less than 1/1/4"<br>diameter                    |     |    |  |
| 133. Plastic bags,<br>balloons, Styrofoam<br>objects inaccessible        |     |    |  |
| 134. Health<br>consultant, doc. of<br>visits                             |     |    |  |
| 135. Infants held for<br>bottles, indiv.<br>attention, tummy<br>time     |     |    |  |
| 136. Written<br>statement, feeding<br>schedule from<br>parent            |     |    |  |
| 137. Unused<br>portions of liquids<br>discarded                          |     |    |  |
| 138. Clean Bottles,<br>disp. bottles,<br>approved bottle<br>washing      |     |    |  |
| 139. Food served<br>from dish or whole<br>jar served                     |     |    |  |
| 140. Bottles<br>individually<br>identified with<br>child's name          |     |    |  |

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
|            | 141. Play space fenced                                   |  |
|            | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>  |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>O</b>   | 145. Ratio – 1 staff to 10 children                      | Failed to maintain school age ratio of 1:10 when 36 children were observed with 2 staff for approximately 5 minutes. |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>   |
|            | 148. Approved endorsement                                |  |
|            | 149. Written program plan, supervision                   |  |
|            | 150. Staff awake and available                           |  |
|            | 151. Cot, crib, bedding, toiletries, sleep apparel       |  |
|            | 152. Individual storage of personal items                |  |
|            | 153. Bedding, sleeping apparel laundered weekly          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>  |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 159. Signed agreement with parents regarding equipment |  |
| <b>X</b> | 160. Materials discarded appropriately                 |  |
| <b>X</b> | 161. Authorized prescriber, parent permission          |  |
| <b>X</b> | 162. Documentation of test results, actions taken      |  |
| <b>X</b> | 163. Daily written parent notification                 |  |

**ADDITIONAL VIOLATIONS**

|          |   |      |  |
|----------|---|------|--|
| <b>X</b> | 62. Consent Order - Negotiated Corrective Action Plan | N/A? |  |
|----------|---|------|--|

**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**




**DISCUSSIONS:**

**Director currently enrolled in the admin and supervision course. License ad Fire marshal certificate not posted during inspection. Director located and posted them during visit.**

**COMMENTS:**

**Unable to observe outdoor play area due to snow and ice coverage. Will conduct inspection when surfaces are clear.**

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |  |                                |  |
|---|--|--------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Jenn Schulz</b><br>(Printed Name)  | <br>(Printed Name)   | <b>02/05/2024</b>              | <b>Stephanie Fusco</b><br>(Printed Name)   |