



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | | | | | |
|-------------------------------------|---|--------------------------------------|--|-----------|------------------------------------|--|---------------------------|--------------------------------|---------------------------|---------------------|--------------------|
| Program Name | MERIDEN YMCA INFANT & TODDLER CENTER | | | | License Number | DCCC.16678 | | Date of Inspection | 05/06/2024 | | |
| | | | | | Expiration Date | 2/28/2025 | | Time of Inspection | 08:48 AM | | |
| Address | 95 MAIN ST MERIDEN CT 06451-5118 | | | | Telephone | (203) 379-0651 | | Licensed Capacity | 40 | | |
| | | | | | Hours of Operation | MONDAY-FRIDAY 7:00AM-5:30PM | | Infant/Toddler Capacity | 40 | | Summer Care |
| Is this a Change of Address? | | Yes? | | | No? | | | X | | | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 3 years | Water Supply | Public Water | |
| | | | | | Program's Email | tvalentin@meridenymca.org | | | | | |
| Operator | MERIDEN-NEW BRITAIN-BERLIN YMCA, INC. | | | | Name of Inspector | Jenn Schulz | | | | | |
| Director | TINA M VALENTIN | | | | Inspector's Email | jennifer.schulz@ct.gov | | | | | |
| Key: | | Compliant = X | # of Infants - Toddlers Present | 30 | # of Total Children Present | 30 | # of Staff Present | 11 | Type of Inspection | | |
| Non-Compliant = O | | UNANNOUNCED INSPECTION - FULL | | | | | | | | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
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| X | 1. Local Health Inspection | |
| | Date: 08/31/2023 | |
| X | 1a. False or Misleading Statements | |

ADMINISTRATION 19a-79-3a

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

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| X | 5. Notification of Change | |
| O | 6. Program policies | <p>Including discipline, supervision, child protection, general operating, personnel, closing time</p> <p>Failed to implement policies, plans and procedures when staff failed to follow the diapering/hand wash policy when they did not wash their hands or the hands of children before and after diapering in movers and shakers room.</p> |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| X | 9. Fire Marshal certificate | Failed to maintain a current fire marshal inspection. |
| | Date | 06/07/2022 |
| X | 10. OEC Complaint procedure | |
| X | 11. Food Service Certificate | N/A? |
| | Date | 12/31/2024 |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | 11/17/2014 |
| | Results | 2.8 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

| <input checked="" type="checkbox"/> | 19. Designated Head Teacher | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|---|--------------------------|--------------------------|----------------|--------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | 20. Two Staff present | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 20a. Staff Qualities | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 21. Ratio: 1 staff to 10 children | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 21b. Supervision | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 22. Group Size – maximum 20 children | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 23. Designated director - Training | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 24. CPR Certified Staff (Group Home N/A) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 25. First Aid Trained Staff | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 26. Consultants- Agreements and Contracts | Failed to maintain current consultant agreements for all consultants when agreements observed expired in 2023. | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 27. Logs – Visits documented | Failed to document annual review of policies, plans, procedures and education programs when current logs were not observed for Education, Social service, Dental consultants and the Dietitian. | | | | | | | | | | | | | | | | | | | | |
| | Not in Compliance? | <table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contracts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Logs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | Education | Health | Social Service | Dental | Dietician N/A? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contracts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Logs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | Health | Social Service | Dental | Dietician N/A? | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Contracts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Logs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Do they take children swimming? | N SWIMMING | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 28. Non-swimmers identified | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 29. Staff/Child Ratios | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 30. CPR certified staff (20 years of age) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 31. Lifeguard certified - supervision | | | | | | | | | | | | | | | | | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 32. Enrollment information | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 33. Emergency medical permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 34. Authorized release permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 35. Field trip permission | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 36. Transportation permission | | | | | | | | | | | | | | | | | | | | | |

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| X | 37. Child health records and immunizations | | |
| O | 38. Individual care plan (signed by parents and staff) | Failed to maintain complete individual care plan when a care plan was observed for epi-pen & certrazine and care plan not signed by parent and all staff responsible for the care of child. Observed one care plan for Albuterol not signed by all staff responsible for care of the child. Continued in Discussions: | |
| X | 39. Injury, Illness, Accident reports | | |
| HEALTH AND SAFETY 19a-79-6a | | | |
| X | 40. Nutritious snacks and meals (required food groups) | | |
| X | 41. Proper refrigeration (max 45°) | | |
| X | 42. Kitchen separated | N/A? | |
| X | 43. Hand washing – before eating or food handling | | |
| O | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | Failed to maintain complete first aid kit(s) when indoor kit was observed to be missing 2 ice packs, tweezers and scissors and outdoor kit observed to be missing 1 one ice pack. | |
| PHYSICAL PLANT 19a-79-7a | | | |
| X | 45. License premises – clean, good repair, hazard free | | |
| X | 47b. Plans for new construction, expansion, renovation or conversion | | |
| X | 48. Sanitary drinking fountains – disposable cups | | |
| X | 49. Lead Water Test (N/A?) 05/15/2023 | Bacterial/Chemical Test (N/A?) | X |
| X | 50. Walkways maintained | | |
| X | 51. Designated staff toilet/sink | | |
| X | 52. All openings for ventilation screened | | |
| X | 53. Windows protected to prevent falls | | |
| X | 54. Glass protected up to 36” | | |
| X | 55. Overhead doors – locking devices, spring protectors | | |
| X | 56. Exits, Hallways and Stairs unobstructed | | |

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| X | 57. Individual storage of clothing and bedding | |
| X | 58. Smoking prohibited | |
| X | 59. Matches and lighters inaccessible | |
| X | 60. Electrical safety – outlets/cords | |
| X | 61. Toileting needs met | |
| X | 62. Required toilets, sinks, supplies | |
| X | 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 | |
| X | 67. Water temperature 60° – 115° | |
| X | 68. Portable space heaters | |
| O | 69. Walls, ceilings, floors and rugs – clean, good repair | Failed to maintain walls in a good state of repair when baseboard molding throughout the program were observed to have accumulated dust&dirt & dried matter along the tops. Observed floors along bases of Childrens toilet to be unclean with dust, dirt and dried liquid. |
| O | 70. Rugs secure | Failed to ensure that rugs are secured to the floor when the pond rug in T-1 room was observed to have fraying edges, posing a trip hazard. |
| 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 | |

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

| NONPRESCRIPTION TOPICAL MEDICATIONS | | |
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| O | 99. Administration, parent permission, MAR | Failed to maintain complete written parent permission for medication when multiple permission forms were missing start/end dates. Observed 2 topicals present without current permission, observed 1 topical on site with no parent permission present. |
| X | 100. Labeling, storage | |

| ORAL/TOPICAL/INHALENT MEDICATIONS | | |
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| X | 101. Med trained staff, certificates O/T/I Injectable Y Y | |
| X | 102. Authorized prescriber, parent permission, MAR | |
| O | 103. Labeling, storage | Failed to maintain proper labeling of medication when one inhaler was observed to not be labeled, without original packaging and no pharmacy label observed. |
| O | 104. Unused, expired meds returned/disposed | Failed to ensure that expired medication is destroyed or returned to the parent when 1 Eli-pen was observed to be expired and on-site. |

| SELF-ADMINISTRATION | | |
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| X | 105. Authorized prescriber, parent permission, MAR | |
| X | 106. Labeling, storage | |
| X | 107. Approved petition for special medication authorization | |

| INFANT/TODDLER ENDORSEMENT 19a-79-10 | | |
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| Yes | Is there an approved endorsement? | |
| X | 109. Approved endorsement | |
| X | 110. Ratio: 1 staff to 4 children | |
| X | 111. Group size: no larger than 8 | |
| X | 112. Physical barriers, groups of 8 (indoors and outdoors) | |
| O | 113. Adequate sinks in program space | Failed to designate sinks for diaper changing and hand washing of staff and children in 4 out of 5 classrooms. |
| X | 114. Free standing, well-constructed, safe cribs | |
| X | 115. Washable cots | |
| X | 116. Chairs for feeding, stable, safety straps, locking tray | |
| X | 117. Developmentally appropriate tables, chairs, equipment | |
| X | 118. Refrigerators and food prep facilities | |

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| <input type="radio"/> | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | Failed to ensure the exclusive use of the diaper area when craft projects and iPad were observed on the changing table in Movers and shakers room. | | |
| <input checked="" type="checkbox"/> | 120. Diaper area- washed, disinfected | | | |
| <input checked="" type="checkbox"/> | 121. Diaper area- disposable paper sheets | | | |
| <input checked="" type="checkbox"/> | 122. Covered waste receptacle | | | |
| <input type="radio"/> | 123. Diaper changing policy posted, followed | Failed to ensure the diaper policy is posted in each diapering area in 3 out of 5 classrooms | | |
| <input type="radio"/> | 124. Hand washing policy posted, followed | Failed to ensure the handwashing policy is posted in each diapering area in 3 out of 5 classrooms observed. | | |
| <input checked="" type="checkbox"/> | 125. Individual storage of personal items | | | |
| <input checked="" type="checkbox"/> | 126. Cribs/cots washed and disinfected | | | |
| <input checked="" type="checkbox"/> | 127. Under 12 months- placed on back for sleeping | | | |
| <input checked="" type="checkbox"/> | 128. Alternate sleep position- equipment, medical documentation | Yes | No | |
| | | | <input checked="" type="checkbox"/> | |
| <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 type="radio"/> | 133. Plastic bags, balloons, Styrofoam objects inaccessible | Failed to ensure plastic bags, balloons and styrofoam objects are not accessible to children in T-1 room. Observed plastic tote filled with unused ziploc bags on toy shelf accessible to children, | | |
| <input checked="" type="checkbox"/> | 134. Health consultant, doc. of visits | | | |
| <input checked="" type="checkbox"/> | 135. Infants held for bottles, indiv. attention, 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 with child's name | | | |

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
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| X | 141. Play space fenced | |
| X | 142. Outdoor equipment developmentally appropriate | |
| No | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| | 143. Approved endorsement | |
| | 144. Activity choices appropriate | |
| | 145. Ratio – 1 staff to 10 children | |
| | 146. Group size – maximum 20 children | |
| | 147. Education Consultant appropriate | |
| No | Is there an approved endorsement? | NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) |
| | 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 | |
| N | Child with diabetes enrolled? | MONITORING OF DIABETES 19a-79-13 |
| X | 154. Written policies and procedures | |
| X | 155. On site staff trained in first aid, glucose testing | |
| X | 156. Training current and documented | |
| X | 157. Supervision of self-administration | |
| X | 158. Equipment, supplies labeled and inaccessible | |

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

ADDITIONAL VIOLATIONS

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

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|--------------------------|---|
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|




DISCUSSIONS:

Continued from #38 Staff unable to carry out care plan as written as epi-pen is expired by 2 months.. Each Care plans must be signed directly by staff responsible for care of the child. Program may not use a copy of staff signatures for signage of care plans.

COMMENTS:

Technical assistance regarding swimming pools/wading pools. No wading pools allowed. Program may use water tables, spray bottles, sprinkler and use of water toys in water tables.

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.

| | | | |
|---|--|--|--|
|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: 05/20/2024 |  (Signature of Person in Charge) |
| Jenn Schulz (Printed Name) | (Printed Name) | | Melissa Aresco (Printed Name) |