



**DIVISION OF LICENSING**  
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 Email: [ocel.licensing@ct.gov](mailto:ocel.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

<b>Program Name</b>	<b>MERIDEN YMCA @ JOHN BARRY</b>				<b>License Number</b>	<b>DCCC.70250</b>	<b>Date of Inspection</b>	<b>05/09/2024</b>	
					<b>Expiration Date</b>	<b>8/31/2027</b>	<b>Time of Inspection</b>	<b>06:58 AM</b>	
<b>Address</b>	<b>124 COLUMBIA ST MERIDEN CT 06451-3171</b>				<b>Telephone</b>	<b>(203) 514-9755</b>	<b>Licensed Capacity</b>	<b>134</b>	
					<b>Hours of Operation</b>	<b>MONDAY- FRIDAY 6:45-8:50AM 2:40-6PM</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>11 years</b>	
					<b>Program's Email</b>	<b>sfusco@nbbyymca.org</b>			<b>Water Supply</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>7</b>	<b># of Staff Present</b>	<b>2</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>
<b>Non-Compliant = O</b>									

**LICENSURE PROCEDURES 19a-79-2a**

<b>X</b>	<b>1. Local Health Inspection</b>	
	<b>Date: 01/09/2024</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

**ADMINISTRATION 19a-79-3a**

<b>O</b>	<b>1b. Administration</b>	<b>(a)Failed to ensure the safety, health and development of the children when 3 care plans observed indicating medications required and no medications available on site. Staff not able to ensure the health of the children without required medications.</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>X</b>	7. Daily Attendance Records- staff and children	
<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	<u>N/A?</u>
	Date	X
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
	15. Radon Test	<u>N/A?</u>
	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>○</b>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 2 out of 5 staff files observed and no TB results observed for 1 out of 5 staff files observed.
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<input type="radio"/>	19. Designated Head Teacher	Failed to maintain an approved head teacher on staff.				
<input checked="" type="checkbox"/>	20. Two Staff present					
<input checked="" type="checkbox"/>	20a. Staff Qualities					
	21. Ratio: 1 staff to 10 children	Not applicable for school-age only programs.				
<input checked="" type="checkbox"/>	21b. Supervision					
	22. Group Size – maximum 20 children	Not applicable for school-age only programs.				
<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 checked="" type="checkbox"/>	26. Consultants- Agreements and Contracts					
<input checked="" type="checkbox"/>	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A?
	Contracts					
	Logs					
	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					
<b>RECORD KEEPING 19a-79-5a</b>						
<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					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete health records for children when one student file is missing a health assessment and one student file missing immunization record.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for 1 child with developmental variations and 1 child with asthma., Observed 7 care plans not signed by staff and 3 care plans not signed by parent.	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
<b>PHYSICAL PLANT 19a-79-7a</b>			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
	49. Lead Water Test (N/A?) <input checked="" type="checkbox"/>	Bacterial/Chemical Test (N/A?) <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
	52. All openings for ventilation screened	Not applicable for school-age only programs.	
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
	54. Glass protected up to 36”	Not applicable for school-age only programs.	
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

	57. Individual storage of clothing and bedding	Not applicable for school-age only programs.
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
	60. Electrical safety – outlets/cords	Not applicable for school-age only programs.
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
	63. Potty chairs – nonporous, emptied, disinfected	Not applicable for school-age only programs.
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°	Not applicable for school-age only programs.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
	70. Rugs secure	Not applicable for school-age only programs.
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 N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<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	Not applicable for school-age only programs.
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>X</b>	88. Impact absorbing material under equipment	
<b>X</b>	89. Playground free from hazards	
<b>X</b>	92. Equipment anchored, safely arranged	
<b>X</b>	93. Outdoor play area protected, fenced	
<b>X</b>	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 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>O</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">101. Med trained staff, certificates</td> <td rowspan="3" style="vertical-align: top;">Failed to ensure staff are trained to administer injectable medications when 5 out of 5 out 5 staff files observed did not have current injectable training for morning care.</td> </tr> <tr> <td style="width: 5%;">O/T/I</td> <td style="width: 15%;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table>	101. Med trained staff, certificates		Failed to ensure staff are trained to administer injectable medications when 5 out of 5 out 5 staff files observed did not have current injectable training for morning care.	O/T/I	Injectable	Y	N	
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O/T/I	Injectable								
Y	N								
<b>O</b>	102. Authorized prescriber, parent permission, MAR	Failed to maintain complete written orders for 5 medications on site, missing parent signatures and permission. Observed no authorization form for 1 inhaler on site and observed one med authorization that expired in January 2024 for inhaler.							
<b>O</b>	103. Labeling, storage	Failed to maintain proper labeling of medication for 1 medication on site, without original package and no pharmacy label.							
<b>X</b>	104. Unused, expired meds returned/disposed								
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- sturdy, safety rail, nonporous, exclusive use			
120. Diaper area- washed, disinfected			
121. Diaper area- disposable paper sheets			
122. Covered waste receptacle			
123. Diaper changing policy posted, followed			
124. Hand washing policy posted, followed			
125. Individual storage of personal items			
126. Cribs/cots washed and disinfected			
127. Under 12 months- placed on back for sleeping			
128. Alternate sleep position- equipment, medical documentation	Yes	No	
129. Crib, bed used for infant sleeping			
130. Crib, bed free from observable hazards			
131. Infant toys separate, washed, disinfected daily			
132. No toys, objects less than 1/1/4” diameter			
133. Plastic bags, balloons, Styrofoam objects inaccessible			
134. Health consultant, doc. of visits			
135. Infants held for bottles, indiv. attention, tummy time			
136. Written statement, feeding schedule from parent			
137. Unused portions of liquids discarded			
138. Clean Bottles, disp. bottles, approved bottle washing			
139. Food served from dish or whole jar served			
140. Bottles individually identified with 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>X</b>	145. Ratio – 1 staff to 10 children	
<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**

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

**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Observed complete first aid kit stored in supply closet.

**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.

<i>Jenn Schulz</i> (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	<i>[Signature]</i> (Signature of Person in Charge)
<b>Jenn Schulz</b> (Printed Name)	(Printed Name)	<b>05/23/2024</b>	<b>Stephanie Fusco</b> (Printed Name)