



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oe.licensing@ct.gov](mailto:oe.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>NEW BRITAIN YMCA - PRESCHOOL</b>				<b>License Number</b>	<b>DCCC.70356</b>	<b>Date of Inspection</b>	<b>08/28/2024</b>	
					<b>Expiration Date</b>	<b>5/31/2025</b>	<b>Time of Inspection</b>	<b>08:30 AM</b>	
<b>Address</b>	<b>50 HIGH ST NEW BRITAIN CT 06051-2206</b>				<b>Telephone</b>	<b>(860) 229-3787</b>	<b>Licensed Capacity</b>	<b>90</b>	
					<b>Hours of Operation</b>	<b>MON-FRI 7:00 AM TO 5:30 PM</b>	<b>Infant/Toddler Capacity</b>	<b>48</b>	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>	
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>5 years</b>	
					<b>Water Supply</b>		<b>Public Water</b>		
					<b>Program's Email</b>	<b>tvalentin@meridenymca.org</b>			
<b>Operator</b>	<b>MERIDEN-NEW BRITAIN-BERLIN YMCA, INC.</b>				<b>Name of Inspector</b>	<b>Betty Mayer</b>			
<b>Director</b>	<b>TINA VALENTIN</b>				<b>Inspector's Email</b>	<b>elizabeth.mayer@ct.gov</b>			
<b>Key:</b>	<b>Compliant = X</b>	<b># of Infants - Toddlers Present</b>	<b>42</b>	<b># of Total Children Present</b>	<b>78</b>	<b># of Staff Present</b>	<b>18</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>	
	Date: <b>07/25/2024</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>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	
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	06/30/2025
<b>X</b>	12. Menus	
<b>O</b>	13. Emergency plans	Failed to post medical and weather emergency plans in a conspicuous location.
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	11/18/2010	.5
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>O</b>	15bb. 32-36 mths enrolled in prek-permissions	Failed to obtain written permission from parents and/or the director for prek enrollment when upon arrival observed a child 2 years 9 months in preschool 1 classroom.
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<b>X</b>	19. Designated Head Teacher					
<b>X</b>	20. Two Staff present					
<b>X</b>	20a. Staff Qualities					
<b>X</b>	21. Ratio: 1 staff to 10 children					
<b>X</b>	21b. Supervision					
<b>X</b>	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>
	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					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete health records for children when observed one child identified to have asthma as indicated on physical. Doctor did not check off if medication is required in childcare setting. Failed to maintain current health records for children when observed one child's physical expired.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans for 5 children with medication.	
<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 type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building when observed cracked toilet seat base with rust in preschool bathroom and once loose toilet seat.	
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 08/22/2023	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		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

<b>X</b>	57. Individual storage of clothing and bedding	
<b>X</b>	58. Smoking prohibited	
<b>X</b>	59. Matches and lighters inaccessible	
<b>X</b>	60. Electrical safety – outlets/cords	
<b>X</b>	61. Toileting needs met	
<b>X</b>	62. Required toilets, sinks, supplies	
<b>X</b>	63. Potty chairs – nonporous, emptied, disinfected	
<b>X</b>	64. Hand washing after toileting – staff and children	
<b>X</b>	65. Ventilation in toilet rooms	
<b>X</b>	66. Air temperature 65 degrees, thermometer affixed	
<b>X</b>	67. Water temperature 60° – 115°	
<b>X</b>	68. Portable space heaters	
<b>X</b>	69. Walls, ceilings, floors and rugs – clean, good repair	
<b>X</b>	70. Rugs secure	
<b>X</b>	71. Hot water, steam pipes protected	
<b>X</b>	72. Working phone on each level	
<b>X</b>	73. Emergency numbers posted	
<b>O</b>	74. Adequate lighting - 50/30 candle feet	Failed to maintain at least 30 candle feet of light in play areas in Toddler 2. Observed two lights not working.
<b>X</b>	75. Light fixtures shielded, shatter proof	
<b>X</b>	76. Potentially hazardous substances locked	
<b>X</b>	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>O</b>	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is safe for children when observed 3 cracked steering wheels on outdoor play equipment. Steering wheels are cracked and broken with sharp edges.
<b>X</b>	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 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>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 when observed one child to have authorization for .15 dosage of epinephrine. Child actually has .1 dose. Failed to maintain current written orders when observed one medication authorization expired.				
<b>X</b>	103. Labeling, storage					
<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>Yes</b>	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
<b>X</b>	109. Approved endorsement					
<b>X</b>	110. Ratio: 1 staff to 4 children					
<b>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<b>X</b>	113. Adequate sinks in program space					
<b>X</b>	114. Free standing, well-constructed, safe cribs					
<b>X</b>	115. Washable cots					
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray					
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment					
<b>X</b>	118. Refrigerators and food prop facilities					

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

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	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>	


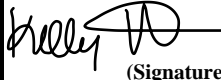
**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Two diaper creams unlabeled.  
One staff missing documentation of TB (check mark on physical)  
Two staff missing documentation of annual policy review

**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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Betty Mayer</b> (Printed Name)	 (Printed Name)	<b>09/11/2024</b>	<b>Kelly Houston</b> (Printed Name)