



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-NEW BRITAIN-BERLIN YMCA | | | | License Number | DCCC.70328 | Date of Inspection | 09/05/2024 | | |
| | | | | | Expiration Date | 9/30/2028 | Time of Inspection | 10:30 AM | | |
| Address | 111 HART ST NEW BRITAIN CT 06052-1707 | | | | Telephone | (860) 505-0904 | Licensed Capacity | 40 | | |
| | | | | | Hours of Operation | M - F 7:00 AM TO 5:30 PM | Infant/Toddler Capacity | 24 | | |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open | | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 5 years | Water Supply | Public Water |
| | | | | | Program's Email | sames@nbbymca.org | | | | |
| Operator | MERIDEN-NEW BRITAIN-BERLIN YMCA, INC. | | | | Name of Inspector | Betty Mayer | | | | |
| Director | SHAREN A AMES | | | | Inspector's Email | elizabeth.mayer@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 15 | # of Total Children Present | 25 | # of Staff Present | 8 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|---|---|
| O | 1. Local Health Inspection | Failed to maintain current local health inspection. |
| | Date: 03/02/2022 | |
| 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 | |

| | | |
|----------------------------------|---|---|
| X | 5. Notification of Change | |
| X | 6. Program policies | Including discipline, supervision, child protection, general operating, personnel, closing time |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| X | 9. Fire Marshal certificate | |
| | Date | 12/28/2023 |
| X | 10. OEC Complaint procedure | |
| X | 11. Food Service Certificate | N/A? |
| | Date | 06/30/2025 |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | 03/17/2003 |
| | Results | .4 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. 32-36 mths enrolled in prek-permissions | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| O | 18b. Background checks | Failed to ensure staff have completed background checks for two staff. |

| <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="radio"/> | 26. Consultants- Agreements and Contracts | Failed to maintain current consultant agreements when observed social service consultant contract expired. | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | 27. Logs – Visits documented | Failed to document annual review of policies, plans, procedures and education programs for social service consultant. | | | | | | | | | | | | | | | | | | | | |
| | 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></td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </tbody> </table> | Education | Health | Social Service | Dental | Dietician N/A? | | | <input type="radio"/> | | | Contracts | | <input type="radio"/> | | | Logs | | <input type="radio"/> | | |
| Education | Health | Social Service | Dental | Dietician N/A? | | | | | | | | | | | | | | | | | | |
| | | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | |
| Contracts | | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | |
| Logs | | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | |
| | 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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| <input type="radio"/> | 37. Child health records and immunizations | Failed to maintain immunization records for one child. | |
| <input checked="" type="checkbox"/> | 38. Individual care plan (signed by parents and staff) | | |
| <input checked="" type="checkbox"/> | 39. Injury, Illness, Accident reports | | |
| HEALTH AND SAFETY 19a-79-6a | | | |
| <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 | | |
| PHYSICAL PLANT 19a-79-7a | | | |
| <input type="radio"/> | 45. License premises – clean, good repair, hazard free | Failed to maintain the building when observed toilet seats in preschool (boys and girls bathroom) loose and unsecure. | |
| <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 | | |

| | | |
|----------|---|--|
| 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 | |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair | |
| X | 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 | |

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> | 78. Stairs protected, good repair, handrails | |
| <input checked="" type="checkbox"/> | 79. Pets – maintained, care plan | Y/N N |
| <input checked="" type="checkbox"/> | 80. Operable CO detector on each level | N/A? Y |
| <input checked="" type="checkbox"/> | 81. Program space-adequate square footage per child | |
| <input checked="" type="checkbox"/> | 82. Equipment clean, good repair, safe, non-toxic | |
| <input checked="" type="checkbox"/> | 83. Cots stored, maintained, adequate number | |
| <input checked="" type="checkbox"/> | 84. Developmentally appropriate equipment | |
| <input checked="" type="checkbox"/> | 85. Hot tubs, spas, saunas – locked and inaccessible | Y/N N |
| <input checked="" type="checkbox"/> | 86. No weapons, no facsimile of a firearm on premises | |
| OUTDOOR SPACE | | |
| <input checked="" type="checkbox"/> | 87. Outdoor space - adequate square footage per child | |
| <input type="checkbox"/> | 88. Impact absorbing material under equipment | Failed to ensure a minimum of 8 inches of impact absorbing materials around climber. |
| <input checked="" type="checkbox"/> | 89. Playground free from hazards | |
| <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 | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | |
| <input checked="" type="checkbox"/> | 95. Written plan for daily program available to parents/staff | |
| <input checked="" type="checkbox"/> | 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 | | |
| <input checked="" type="checkbox"/> | 97. Written policies, procedures | |
| <input type="checkbox"/> | 98. Training outline on file | Failed to maintain outline of medication training on site. |

| NONPRESCRIPTION TOPICAL MEDICATIONS | | | | | | |
|-------------------------------------|--|---|------------|---|---|--|
| <input type="radio"/> | 99. Administration, parent permission, MAR | Failed to maintain current written parent permission for diaper creams. | | | | |
| <input type="radio"/> | 100. Labeling, storage | Failed to maintain proper labeling when observed two diaper creams unlabeled in infant classroom. | | | | |
| ORAL/TOPICAL/INHALENT MEDICATIONS | | | | | | |
| <input checked="" type="checkbox"/> | 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 | | | | | |
| <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 | | | | | |
| SELF-ADMINISTRATION | | | | | | |
| <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 medication authorization | | | | | |
| Yes | Is there an approved endorsement? | INFANT/TODDLER ENDORSEMENT 19a-79-10 | | | | |
| <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 and 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. Developmentally appropriate tables, chairs, equipment | | | | | |
| <input checked="" type="checkbox"/> | 118. Refrigerators and food prop facilities | | | | | |

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

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
|-----------|--|--|
| 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 15 children | |
| | 146. Group size – maximum 30 children | |
| | 146b. 4 yr olds enrolled in school age-permissions | |
| | 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 | |

| | | |
|----------|--|--|
| 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 | |




YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Collected enrollment data
 Provided updated complaint procedure
 Wall thermometers missing from T1 & T2.
 One child with only parents listed for authorized pick up.

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: 09/19/2024 |  (Signature of Person in Charge) |
| Betty Mayer (Printed Name) | (Printed Name) | | Sharen Ames (Printed Name) |