

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



**CHILD CARE CENTER OR GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

|   |                          |                   |                         |         |
|---|--------------------------|-------------------|-------------------------|---------|
| Meriden YMCA Little Hounds<br>Preschool of Handover | Inspection Date:         | 1/6/25            | Time:                   | 10:05am |
| 208 Main Street                                     | License Number:          | 70183             | Expiration Date:        | 8/31/26 |
| Meriden Ct 06451                                    | Telephone Number:        | 203-235-6359      | Status:                 | Open    |
| Meriden YMCA INC                                    | # of Staff Present:      | 4                 | # over 3 Present:       | 17      |
| trvalentine@meridenymca.org                         | Total Capacity:          | 28                | Total Under 3 capacity: | 0       |
| Cathlin Vallafane                                   | Hours/Days of Operation: | M-F 6:45am-6:00pm |                         |         |

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

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

**STAFFING and CONSULTANTS 19c-79-2a cont.**

- 1. (c)(8) Local Health Inspection-Date: 9/14/22
- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B-C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - (e)(1) License posted
  - (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - (e)(4) No Smoking posted signs at entrances
  - (e)(5) OEC Inspection report posted or available
  - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group-ratios
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 33. SWIMMING ACTIVITIES - Y/N
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 34. CONSULTANTS
  - (i)(1)(A-D) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (i) Consultant agreements-signed annually
  - (i)(2)(A-H) Agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | 000       |      |        |
| Health     | 000       | ✓    | ✓      |
| Soc. Serv. | 000       |      |        |
| Dietitian  | ✓         |      |        |

MARION YWCA Littlemonds  
 FROESCHMIDT at HARVARD

70183

1/6/25

RECORD KEEPING

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C)  | Children's Enrollment information            |
| <input checked="" type="checkbox"/> 37. |  | <u>PARENT PERMISSIONS</u>                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                    |
| <input type="checkbox"/> 38.            | (a)(2)(A-B)  | Child Health Records                         |
| <input type="checkbox"/> 39.            | (a)(2)(C)  | Immunization records                         |
| <input type="checkbox"/> 40.            | (a)(2)(E)  | Individual care plan-signed by parents/staff |
| <input type="checkbox"/> 41.            | (a)(3)(A)  | Injury, Illness, Incident, Accident reports  |
| <input type="checkbox"/> 42.            | (a)(3)(B)  | Parent notification of illness or injury     |
| <input type="checkbox"/> 43.            | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality     |
| <input type="checkbox"/> 44.            | (a)(3)(D)  | Notify DPH, local health-reportable diseases |
| <input type="checkbox"/> 45.            | (a)(4)   | Video recordings- keep 30 days               |

PHYSICAL PLANT 19a-79-7a cont

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> 72. | (d)(2)   | Walkways maintained   |
| <input checked="" type="checkbox"/> 73. | (d)(3)   | Windows protected to prevent falls  |
| <input checked="" type="checkbox"/> 74. | (d)(3)   | Window screens (Schl age only- N/A)   |
| <input checked="" type="checkbox"/> 75. | (d)(4)   | Glass and mirrors protected to 36"  |
| <input checked="" type="checkbox"/> 76. | (d)(5)   | Overhead doors-locking devices, spring protectors N/A                                     |
| <input checked="" type="checkbox"/> 77. | (d)(6), (f)(3)                                 | Exits, stairs, hallways unobstructed  |
| <input checked="" type="checkbox"/> 78. | (d)(7)   | Individual storage of clothing/bedding  |
| <input checked="" type="checkbox"/> 79. | (d)(8)   | Smoking or vaping prohibited on premises/grounds  |
| <input checked="" type="checkbox"/> 80. | (d)(8)   | Matches/lighters inaccessible   |
| <input checked="" type="checkbox"/> 81. | (d)(9)   | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)          |
| <input checked="" type="checkbox"/> 82. |  | <u>TOILETING</u>  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes N/A)  |
| <input checked="" type="checkbox"/> 83. | (d)(11)  | Staff personal articles inaccessible  |
| <input checked="" type="checkbox"/> 84. |  | <u>AIR TEMPERATURE</u>  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(1)     | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(1)     | Air temp <65°F comfortable (Schl age only-N/A)  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation   |
| <input checked="" type="checkbox"/>     | (e)(3)   | Water temperature 60 °F - 120 °F  |
| <input checked="" type="checkbox"/>     | (e)(4)   | Portable space heaters prohibited   |
| <input checked="" type="checkbox"/>     | (e)(5)   | Walls/ceilings/floors/rugs-clean/good repair  |
| <input checked="" type="checkbox"/>     | (e)(5)   | Rugs- not tripping/slipping hazard  |
| <input checked="" type="checkbox"/>     | (e)(6)   | Hot water/Steam pipes protected   |
| <input checked="" type="checkbox"/>     | (e)(7)   | Working phone on each level   |
| <input checked="" type="checkbox"/>     | (e)(7)   | Emergency numbers posted-adjacent to phones   |
| <input checked="" type="checkbox"/>     | (e)(7)   | Parents provided direct on site phone number  |
| <input checked="" type="checkbox"/>     | (e)(8)   | <u>LIGHTING</u>   |
| <input checked="" type="checkbox"/>     | (e)(9)   | All areas min. 1 foot candle of lighting  |
| <input checked="" type="checkbox"/>     | (e)(9)   | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |
| <input checked="" type="checkbox"/>     | (e)(10)  | Schl age only-lighting for comfort  |
| <input checked="" type="checkbox"/>     | (e)(10)  | Light fixtures shielded/shatter proof   |
| <input checked="" type="checkbox"/>     | (e)(11)  | Potentially hazardous substances, materials - labeled, inaccessible                       |
| <input checked="" type="checkbox"/>     | (e)(12)  | Garbage/rubbish-disposed of daily, containers in good repair                              |
| <input checked="" type="checkbox"/>     | (e)(13)  | Stairs-protected/good repair-handrails  |
| <input checked="" type="checkbox"/>     | (e)(14-15)                                     | Toxic plants/materials inaccessible   |
| <input checked="" type="checkbox"/>     | (e)(16)  | Pets or other animals-in good health, written care plan including access to children      |
| <input checked="" type="checkbox"/>     | (e)(17)  | Prevention of vermin-openings screened  |
| <input checked="" type="checkbox"/>     | (e)(18)  | Radon test- Results: <u>219/22</u> N/A  |
| <input checked="" type="checkbox"/>     | (e)(18)  | Results posted-Date: <u>2/19/22</u> (Schls-N/A)   |
| <input checked="" type="checkbox"/>     | (f)(1)(A)                                      | Carbon monoxide detector-each level N/A   |
| <input checked="" type="checkbox"/>     | (g)(1)   | Program space-adequate-35 sq. ft. per child   |
| <input checked="" type="checkbox"/>     | (g)(2)   | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/>     | (g)(3)   | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |
| <input checked="" type="checkbox"/>     | (g)(4)   | Air conditioners, water heaters, fuse boxes inaccessible                                  |
| <input checked="" type="checkbox"/>     | (g)(4)   | Developmentally app equipment, materials  |

HEALTH and SAFETY 19a-79-6a

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> 46. | (a)(1)                                  | Preparation, transportation of food-follow DPH Model Food Code N/A   |
| <input checked="" type="checkbox"/> 47. | (a)(2)                                  | Nutritious meals and snacks  |
| <input checked="" type="checkbox"/> 48. | (a)(3)                                  | Proper refrigeration-41 degrees  |
| <input checked="" type="checkbox"/> 49. | (a)(4)                                  | Menus-1 wk in advance- keep 3 mths   |
| <input checked="" type="checkbox"/> 50. | (a)(5)                                  | Food Service Inspection <u>OK 12/31/24</u> N/A   |
| <input checked="" type="checkbox"/> 51. | (a)(6)                                  | Kitchen-clean, safe storage of food/supplies   |
| <input checked="" type="checkbox"/> 52. | (a)(7)                                  | Separate hand washing facilities   |
| <input checked="" type="checkbox"/> 53. | (a)(8)                                  | Multi-use eating/drinking utensils   |
| <input checked="" type="checkbox"/> 54. | (a)(9)                                  | Kitchen separated (Schl age only N/A)  |
| <input checked="" type="checkbox"/> 55. | (a)(10)                                 | Children supervised during meal prep   |
| <input checked="" type="checkbox"/> 56. | (a)(11)                                 | Handwashing-staff/children   |
| <input checked="" type="checkbox"/> 57. | (b)(1)                                  | Illness procedures-staff knowledgeable, children observed for signs/symptoms   |
| <input checked="" type="checkbox"/> 58. | (b)(2)                                  | Designated isolation area  |
| <input checked="" type="checkbox"/> 59. | <input checked="" type="checkbox"/> (c) | <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  |
| <input checked="" type="checkbox"/> 60. | <input checked="" type="checkbox"/> (c) | <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier |
| <input checked="" type="checkbox"/> 61. | <input checked="" type="checkbox"/> (d) | <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags  |

PHYSICAL PLANT 19a-79-7a

|   |   |  |
|---|---|--|
| <input type="checkbox"/> 62.            | (a)(2)  | Fire marshal codes/certificate <u>2/11/24</u>                                      |
| <input type="checkbox"/> 63.            | (b)   | Indoor/Outdoor space inspected/approved  |
| <input checked="" type="checkbox"/> 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                       |
| <input checked="" type="checkbox"/> 65. | (b)(6)  | Space not inspected/approved but used for field trips-written parent permission    |
| <input type="checkbox"/> 66.            | (c)(2)  | Licensed premises-clean, good repair, hazard free, maintenance program established |
| <input checked="" type="checkbox"/> 67. | (c)(3)  | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)         |
| <input checked="" type="checkbox"/> 68. | (c)(4)  | Testing of premises/grounds for chemicals  |
| <input checked="" type="checkbox"/> 69. |   | <u>WATER SUPPLY</u> -Public Well (Schools-N/A)                                     |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: <u>3/18/23</u>   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: _____ N/A  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible  |
| <input checked="" type="checkbox"/> 70. |   | <u>LEAD PAINT</u> -  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(A)   | Peeling Paint - <u>YN</u> Inside/Outside   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Building Pre-78 <u>YN</u> Lead Test <u>YN</u> Results <u>No lead identified</u>    |
| <input checked="" type="checkbox"/>     |   | Lead Management Plan _____   |
| <input checked="" type="checkbox"/> 71. | (d)(1)  | Emergency vehicle access   |

**CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION**

|                     |   |                       |       |                           |        |
|---------------------|---|-----------------------|-------|---------------------------|--------|
| <b>PROGRAM NAME</b> | MUNICIPAL YMCA Little Arroyo Preschool at Hanover | <b>LICENSE NUMBER</b> | 70183 | <b>DATE OF INSPECTION</b> | 1/6/25 |
|---------------------|---|-----------------------|-------|---------------------------|--------|

**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 108. | (g)(5)  | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls            |
| <input checked="" type="checkbox"/> 109. | (g)(6)  | Indoor climbing play equipment-shock absorbing materials under and around                    |
| <input checked="" type="checkbox"/> 110. | (j)   | No weapons/no facsimile of a firearm   |
| <input checked="" type="checkbox"/> 111. |   | <b>OUTDOOR SPACE</b>   |
|  | <input checked="" type="checkbox"/> (h)(1)    | Adequate space- 75 sq. ft. per child   |
|  | <input checked="" type="checkbox"/> (h)(2)    | Shock absorbing surfaces-minimum 8"  |
|  | <input checked="" type="checkbox"/> (h)(3)    | Playground free from hazards   |
|  | <input checked="" type="checkbox"/> (h)(4)    | Nuts, bolts, screws-tight, covered/protected   |
|  | <input checked="" type="checkbox"/> (h)(5)    | Outside equipment anchored-anchors buried  |
|  | <input checked="" type="checkbox"/> (h)(6)    | New equip- cert playg. Inspection upon request   |
|  | <input checked="" type="checkbox"/> (h)(8)    | Drinking water available/accessible  |
|  | <input checked="" type="checkbox"/> (h)(9)    | Equipment arranged for safety-equip/fences/structures not hazardous                          |
| <input checked="" type="checkbox"/> 112. |   | <b>OUTDOOR PROTECTED/FENCING</b>   |
|  | <input checked="" type="checkbox"/> (h)(7)    | Playground protected from traffic, water, gullies or other hazards                           |
| <input checked="" type="checkbox"/> 113. | <input checked="" type="checkbox"/> (h)(7)(A) | Fences installed to protect from hazards-4 ft  |
|  | <input checked="" type="checkbox"/> (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks |
| <input checked="" type="checkbox"/> 114. | <input checked="" type="checkbox"/> (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier N/A  |
|  |   | <b>WATER HAZARDS</b>   |
|  | <input checked="" type="checkbox"/> (i)       | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A                              |
|  | <input checked="" type="checkbox"/> (i)       | Wading pools prohibited  |
|  | <input checked="" type="checkbox"/> (i)       | Hot tubs/spas/saunas-locked/inaccessible N/A   |

|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> 129. | <input type="checkbox"/> (f)(1) | <b>LINENS/CLOTHING</b><br>Linens/emergency clothing available<br>Linens washed weekly or as needed<br>Linens/clothing stored individually<br>Cribs/cots cleaned-linens changed when shared   |
|                               | <input type="checkbox"/> (f)(2) |  |
|                               | <input type="checkbox"/> (f)(3) |  |
|                               | <input type="checkbox"/> (f)(4) |  |
| <input type="checkbox"/> 130. | <input type="checkbox"/> (g)(1) |  |
|                               | <input type="checkbox"/> (g)(1) |  |
|                               | <input type="checkbox"/> (g)(1) |  |
|                               | <input type="checkbox"/> (g)(2) |  |
|                               | <input type="checkbox"/> (g)(3) | <b>SAFE SLEEP</b><br>Under 12 mths placed on back for sleeping<br>Crib-snug fitting mattress/tightly fitted sheet<br>Alternate sleep position/equipment-medical documentation for medical reason on file<br>Infants allowed to adopt other sleep positions<br>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles<br>No unapproved sleeping-car seats/swings/beds, etc.<br>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes<br>Observe/assess infants at least every 15 minutes<br>Teething necklaces/bracelets, jewelry inaccessible<br>Safe sleep policies posted/parents informed<br>Infant toys-separate/washed/sanitized daily<br>Toddler toys-washed/sanitized weekly<br>No toys/objects less than 1 1/4" diameter<br>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision<br>Health consultant visits/documentation |
|                               | <input type="checkbox"/> (g)(4) |  |
|                               | <input type="checkbox"/> (g)(5) |  |
|                               | <input type="checkbox"/> (g)(6) |  |
|                               | <input type="checkbox"/> (g)(7) |  |
|                               | <input type="checkbox"/> (g)(8) |  |
| <input type="checkbox"/> 131. | (h)(1)                          |  |
| <input type="checkbox"/> 132. | (h)(1)                          |  |
| <input type="checkbox"/> 133. | (h)(2)                          | <b>FEEDING</b><br>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle<br>Written feeding schedule from parent-updated<br>Unused formula/milk discarded after feedings<br>Clean bottles/disposable bottles/appvd washing<br>Baby food served from dish or whole jar<br>Bottles labeled with child's name<br>Outdoor spaced fenced-4 ft lic. after 1/1/25<br>Outdoor equipment-developmentally appropriate for ages of the children<br>Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety  |
| <input type="checkbox"/> 134. | (h)(2)                          |  |
| <input type="checkbox"/> 135. | (i)(1)(2A-C)                    |  |
| <input type="checkbox"/> 136. |                                 |  |
|                               | <input type="checkbox"/> (j)    |  |
|                               | <input type="checkbox"/> (k)(1) |  |
|                               | <input type="checkbox"/> (k)(2) |  |
|                               | <input type="checkbox"/> (k)(3) |  |
|                               | <input type="checkbox"/> (k)(4) |  |
|                               | <input type="checkbox"/> (k)(5) |  |
| <input type="checkbox"/> 137. | (l)(1)                          |  |
| <input type="checkbox"/> 138. | (l)(2)                          |  |
| <input type="checkbox"/> 139. | (l)(3)                          |  |

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 115. | (a)  | Written daily/weekly educational plan-developmentally appropriate  |
| <input checked="" type="checkbox"/> 116. | (g)  | <b>EDUCATIONAL REQUIREMENTS</b>  |
|  | <input checked="" type="checkbox"/> (1)-(11) | Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity |
|  | <input checked="" type="checkbox"/> (b)      | Limited access to screen time/video games  |

**UNDER THREE ENDORSEMENT 19a-79-10 (N)**

**SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)**

|                               |                                       |  |
|-------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 117. | (b)                                   | Approved Under 3 Endorsement   |
| <input type="checkbox"/> 118. | (c)(2)                                | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)   |
| <input type="checkbox"/> 119. | (c)(3)                                | Group size-max 8 (6wks-24mths), max 10 (24-36mths)                                     |
| <input type="checkbox"/> 120. | (c)(4)                                | Physical barriers- indoors/outdoors  |
| <input type="checkbox"/> 121. | (d)(1)(A-C)                           | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input type="checkbox"/> 122. | (d)(2)(Ai-iii)                        | Cribs-in compliance w/CPSC (manf. after 6/28/11)                                       |
| <input type="checkbox"/> 123. | (d)(2)(B)                             | Washable cots  |
| <input type="checkbox"/> 124. | (d)(2)(C)                             | Chairs for feeding-stable base-safety straps-locking tray                              |
| <input type="checkbox"/> 125. | (d)(2)(D)                             | Dev. appropriate tables/chairs/equipment   |
| <input type="checkbox"/> 126. | (d)(2)(E)                             | Refrigerator and food prep facilities  |
| <input type="checkbox"/> 127. | (d)(3)(A-C)                           | Optional furniture/equip-safe/hazard free  |
| <input type="checkbox"/> 128. |                                       | <b>DIAPERING</b>   |
|                               | <input type="checkbox"/> (e)(1)       | Diaper area: elevated/sturdy/safety rail   |
|                               | <input type="checkbox"/> (e)(2)       | Diaper area: used only for this purpose, located in the program area                   |
|                               | <input type="checkbox"/> (e)(3)       | Diaper area: non-porous surface/good repair  |
|                               | <input type="checkbox"/> (e)(4)       | Diaper area: washed/disinfected after use  |
|                               | <input type="checkbox"/> (e)(5)       | Diaper area: disposable paper sheets   |
|                               | <input type="checkbox"/> (e)(6)(9)    | Covered waste receptacle-removed daily   |
|                               | <input type="checkbox"/> (e)(7)       | Handwashing-staff/children   |
|                               | <input type="checkbox"/> (e)(8)       | Diapering-Handwashing policies-posted/followed   |
|                               | <input type="checkbox"/> (e)(10)(A-C) | Cloth diapers-written plan developed   |

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 140. | (b)  | Approved Schl Age Endorsement  |
| <input checked="" type="checkbox"/> 141. | <input checked="" type="checkbox"/> (c)    | <b>SCHEDULE - ACTIVITIES</b>   |
| <input checked="" type="checkbox"/> 142. | <input checked="" type="checkbox"/> (c)(1) | Written daily program plan-flexible schedule-available to staff/parents  |
|  | <input checked="" type="checkbox"/> (c)(2) | Activities not a duplication of child's day  |
|  | <input checked="" type="checkbox"/> (c)(3) | Activities include cognitive, physical, social, emotional needs of the children  |
|  |  | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> 143. | (d)  | Ratio- 1:15  |
| <input checked="" type="checkbox"/> 144. | (e)  | Group size- max. 30  |
| <input checked="" type="checkbox"/> 145. | (f)  | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                    |
| <input checked="" type="checkbox"/> 146. | (g)  | Head teacher approved- 60%   |

|                                       |  |   |   |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> 147. (b)     | Approved Night Care Endorsement  | <input checked="" type="checkbox"/> 171. (a)(1)         | <b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions<br>Training updated at least every 3 years<br>Written documentation of training<br>Trained staff on site when child is present<br>Self-administration - written authorization and under supervision of trained staff<br>Equipment provided by parents<br>Equipment labeled and inaccessible<br>Signed agreement with parent regarding equipment, supplies, materials to be discarded<br>Authorized prescriber written order<br>Written authorization from parent<br>Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| <input type="checkbox"/> 148. (b)(1)  | Person in charge-head teacher  | <input checked="" type="checkbox"/> 172. (b)(1)(A)      |   |
| <input type="checkbox"/> 149. (b)(2)  | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) |   |
| <input type="checkbox"/> 150. (b)(3)  | Written plan for supervision including cot placement and evacuation                          | <input checked="" type="checkbox"/> (b)(2)              |   |
| <input type="checkbox"/> 151. (b)(4)  | Children in care no more than 12 hrs. in 24  | <input checked="" type="checkbox"/> (b)(3)              |   |
| <input type="checkbox"/> 152. (b)(5)  | Staff awake and available  | <input checked="" type="checkbox"/> (c)(2)              |   |
| <input type="checkbox"/> 153. (b)(6)  | <b>SLEEP PROVISIONS</b>  | <input checked="" type="checkbox"/> (c)(3)              |   |
| <input type="checkbox"/> (b)(6)(A)    | Individual cot/crib with bedding   | <input checked="" type="checkbox"/> 173. (d)(1)         |   |
| <input type="checkbox"/> (b)(6)(B)    | Sleeping apparel/toiletries labeled  | <input checked="" type="checkbox"/> 174. (d)(2)         |   |
| <input type="checkbox"/> (b)(6)(C)    | Required bedding   | <input checked="" type="checkbox"/> 175. (d)(3)         |   |
| <input type="checkbox"/> (b)(6)(D)    | Required toiletries  | <input checked="" type="checkbox"/> 176. (e)(1)         |   |
| <input type="checkbox"/> (b)(7)       | Bedding/sleeping apparel laundered weekly  | <input checked="" type="checkbox"/> 177. (e)(2)         |   |
| <input type="checkbox"/> 154. (b)(8)  | Sleep arrangements for infants   | <input checked="" type="checkbox"/> 178. (e)(3)         |   |
| <input type="checkbox"/> 155. (b)(9)  | Air temp 65 °F at 3 ft   | <input checked="" type="checkbox"/> 179.                |   |
| <input type="checkbox"/> 156. (b)(10) | Fire marshal approval-hours specified<br>Local health approval                               |   |   |

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N** **ADDITIONAL VIOLATION**

|  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> 157. (9a)        | Written medication policies/procedures   | <input checked="" type="checkbox"/> 180. -  | Consent Order/Negotiated Corrective Action Plan conditions <span style="float: right;">(N/A)</span> |
| <input checked="" type="checkbox"/> 158. (9a)        | Permit enrollment of children with asthma, allergies, diabetes   | <b>DISCUSSIONS - COMMENTS</b><br>→ Policies (multi-hazards, admin oversight)<br>→ director 3 tickets<br>→ Food license expired 12/31/24<br>→ Staff files on file. |   |
| <input checked="" type="checkbox"/> 159. (a)(2)      | <b>NONPRESC. TOPICAL MEDICATION</b><br>Admin/Parent permission/report errors                                 |   |   |
| <input type="checkbox"/> (a)(3)(A-B)                 | Labeling and Storage   |   |   |
| <input type="checkbox"/> (a)(3)(C)                   | Unused/expired meds destroyed/returned   |   |   |
| <input checked="" type="checkbox"/> 160. (b)(1)(A/C) | <b>MEDICATION TRAINING</b><br>Medication training-general-oral/top/inhalant                                  |   |   |
| <input type="checkbox"/> (b)(1)(D)                   | Injectable premeasured autoinjector medication   |   |   |
| <input type="checkbox"/> (b)(1)(E)                   | Rectal medication  |   |   |
| <input type="checkbox"/> (b)(1)(F)                   | Injectable other than premeasured auto-injector  |   |   |
| <input type="checkbox"/> (b)(2)(A-B)                 | Training approval documents/certificates   |   |   |
| <input type="checkbox"/> (b)(2)(C)                   | Training outline on file   |   |   |
| <input type="checkbox"/> 161. (b)(3)(A-B)            | Authorized prescriber/parent permission  |   |   |
| <input type="checkbox"/> 162. (b)(3)(D)              | Medication errors- documentation, parent(s) and OEC notification   |   |   |
| <input checked="" type="checkbox"/> 163. (b)(4)(A-B) | Medication Administration Records (MAR)  |   |   |
| <input checked="" type="checkbox"/> 164. (b)(5)(A-B) | Labeling and Storage   |   |   |
| <input checked="" type="checkbox"/> 165. (b)(5)(C)   | Emergency medication inaccessible  |   |   |
| <input checked="" type="checkbox"/> 166. (b)(5)(D)   | Unused/Expired meds-destroyed/returned   |   |   |
| <input checked="" type="checkbox"/> 167. (b)(5)(E)   | Auto-injector/inhalant equipment   |   |   |
| <input checked="" type="checkbox"/> 168. (b)(6)      | Self-administration documentation  |   |   |
| <input checked="" type="checkbox"/> 169. (b)(7)(A-B) | Petition for special medication authorization  |   |   |
| <input checked="" type="checkbox"/> 170. (d)         | Potassium Iodide (KI) emergency distribution-permission and storage <span style="float: right;">(N/A)</span> |   |   |

|                               |                    |                                      |                    |
|-------------------------------|--------------------|--------------------------------------|--------------------|
| <b>SIGNATURE OF OEC STAFF</b> | <i>[Signature]</i> | <b>SIGNATURE OF PERSON IN CHARGE</b> | <i>[Signature]</i> |
| <b>PRINTED NAME</b>           | Johanne Dalo       | <b>PRINTED NAME</b>                  | Jennifer Rodriguez |

OEC DIVISION OF LICENSING  
 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request

Written Corrective Action Plan Due by: **1/20/25** CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: Minden YMCA Little License # 70183 Date: 1/6/25  
 Observations/Corrections needed: Hounds Preschool at  
Harvard

→ Regulation was not in compliance when:

- #1 Observed last documented local health inspection dated 9/24/22 <sup>SD</sup>
- #4 Observed ~~in~~ <sup>at</sup> staff no employee orientation (No File on site)
- #19 Observed 4 staff without staff health records
- #22 Program could not provide evidence of compliance regarding background checks
- #28 Observed at 4 occasions children going to bathroom without being ~~supervised~~ <sup>supervised</sup> (4 staff sitting at tables and children walking to bathroom at time removing barrier)
- #35 (i) Observed 3 agreements not current (Education, Health, Social Service) etc
- #35 (i)(2)(A-H): Observed <sup>incomplete</sup> agreements (all)
- #35 (F) Observed no annual review of policies documented for 2 consultants (Education, Social Services)
- #38 Observed 2 child health records older than 1 year and 1 child without health record.


S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

Print Name: Johannes Dalb

(OEC Representative)

Signature: 

Print Name: Jennifer Rodriguez

(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/20/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Menden YMCA Little Hands Preschool at Hanover License # 70183 Date: 1/6/25

Observations/Corrections needed:

- #40 Observed no individual care plan for child with asthma.
- #62 Observed expired fire marshal certificate
- #66 Observed dirty sliding vent in bathroom and dirty microwave.
- #102 No carbonyl monoxide detector observed
- #161 Observed 1 expired authorized prescriber's form (June 2024)
- #166 Observed epinephrine not returned to parent or destroyed (child no longer in attendance)
- #31 Pen staff attendance, no staff CPR certified on site between 4:00pm-5:30pm. (1/2 and 1/3)
- #32 Pen staff attendance, no staff first aid certified on site between 4:00pm-5:30pm (1/2 and 1/3)

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/20/25

Signature: [Signature]  
(Person in Charge)  
Print Name: Jennifer Rodriguez