

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



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

Meriden YMCA BIA School at Ismael Putnam	12/19/24	2:48 pm
133 Parker Ave	70010	8/31/27
Meriden, Ct 06450	203-514-9755	Closed
Meriden - New Britain - Berlin YMCA Inc	# of Staff Present: 4	# over 3 Present: 34
sfusco@nbbyymca.org	Total Capacity: 58	Total Under 3 capacity: 6:45-8:45 / 3:00-6:00
Stephanie Fusco		# under 3 Present: — Ages Served: 5-10 years

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

1. (c)(8) Local Health Inspection-Date: 1/8/24

**ADMINISTRATION**

- 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. (d)(2)(A) POLICIES-COMplete/IMPLEMENTED  
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. (f) ACCESS  
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. (e)(1) POSTINGS  
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

- STARTING and COMPLETION**
- 19. (a)(1)
  - 20. (a)(3)
  - 21. (b)
  - 22. (b)(4)
  - 23. (d)
  - 24. (d)(1)
  - 25. (d)(2)
  - 26. (d)(3)(A-C)
  - 27. (d)(4)(A)
  - (d)(4)(B)
  - (d)(6)
  - (d)(4)(D)
  - 28. (d)(4)(D)
  - 29. (d)(5)
  - (d)(5)(A)
  - (d)(5)(B)
  - (e)(1)
  - 30. (f)(1)
  - 31. (f)(2)
  - 32. (f)(2)
  - 33. (a)(2)
  - (h)(1)(2)
  - (h)(1)(2)
  - 34. (4)(C)(ii-v)
  - (4)(C)(i)
  - (e)(6)
  - (e)(6)
  - (i)(1)(A-D)
  - (i)
  - (i)(2)(A-H)
  - (F)
  - (i)(2)
  - (H)(i)-(I)(i)
- STAFFING and COMPLETION**
- Staff health records
  - Disciplinary actions
  - Comprehensive Background Checks
  - Evidence of compliance
  - Adequate staffing
  - Designated head teacher-approved-60%
  - Two staff present-age 18 or older
  - Personal qualities of staff
  - RATIOS
  - Ratio 1:10 - Indoors/Outdoors
  - Mixed age group-ratios
  - Nap time ratio
  - Supervision-Indoors/Outdoors
  - GROUP SIZE
  - Group Size-Indoors/Outdoors
  - Group Size-school age field trips/outdoors
  - Mixed age group-group size
  - Designated director-training
  - CPR certified program staff
  - First aid certified program staff
  - PROFESSIONAL DEVELOPMENT
  - Documentation
  - Health & Safety training
  - 1% annual hours
  - SWIMMING ACTIVITIES - Y/N
  - Swimming-Ratios
  - Non-swimmers identified
  - CPR certified staff-age 20 or older
  - Lifeguard-certified-supervising
  - CONSULTANTS
  - Consultants-Education, Health, Social Service, Dietitian (N/A)
  - Consultant agreements-signed annually
  - Agreements complete w/required services
  - Consultant logs-documented activities, observations and required services
  - Consultant visits- Education/Health
- |            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | 0         | 0    | 0      |
| Health     | 0         | 0    | 0      |
| Soc. Serv. | 0         | 0    | 0      |
| Dietitian  | 0         | 0    | 0      |

WYOMING YMCA B/A SCHOOL at  
15700 E. PATRIM

70010

12/19/24

**RECORD KEEPING**

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

**PHYSICAL PLANT**

<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.		<b>TOILETING</b>
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
	(d)(11)	Staff personal articles inaccessible
	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
	<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"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(4)	Water temperature 60 °F - 120 °F
	(e)(5)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(6)	Rugs- not tripping/slipping hazard
	(e)(7)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(8)	Parents provided direct on site phone number
	<input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b>
	<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
	(e)(10)	Schl age only-lighting for comfort
	(e)(11)	Light fixtures shielded/shatter proof
	(e)(12)	Potentially hazardous substances, materials - labeled, inaccessible
	(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(14-15)	Stairs-protected/good repair-handrails
	(e)(16)	Toxic plants/materials inaccessible
	(e)(17)	Pets or other animals-in good health, written care plan including access to children
	(e)(18)	Prevention of vermin-openings screened
	(f)(1)(A)	Radon test- Results: _____ (N/A)
	(g)(1)	Results posted-Date: _____ (Schls-N/A)
	(g)(2)	Carbon monoxide detector-each level N/A
	(g)(3)	Program space-adequate-35 sq. ft. per child
	(g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		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 (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.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	(c)	<b>FIRST AID SUPPLIES</b> -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.	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

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

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 8/12/24
<input checked="" 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 checked="" 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.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/> 70.	(c)(5)(B)	Lead Water Test - Date: _____
	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: <u>No lead identified</u> Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

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

PROGRAM NAME: **MIDWAY YMCA, BIA SCHOOL at 15702 PATNAM** LICENSE NUMBER: **70010** EXPIRES: **12/19/24**

**PHYSICAL PLANT 19a-79-10 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-
<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
	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>
		Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

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

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

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<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 YN**

**SCHOOL AGE ENDORSEMENT 19a-79-11 YN**

<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 type="checkbox"/> 146.	(g)	Head teacher approved- 60%

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

**PROGRAM NAME:** Middletown YMCA BIA School at Israel Putnam **LICENSE NUMBER:** 70010 **DATE:** 12/19/24

**NIGHT CARE ENDORSEMENT 19a-79-12 (Open-Door) Y/N**

**MONITORING OF DIABETES 19a-79-12 (Open-Door) Y/N**

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
  - (b)(6) Individual cot/crib with bedding
  - (b)(6)(A) Sleeping apparel/toiletries labeled
  - (b)(6)(B) Required bedding
  - (b)(6)(C) Required toiletries
  - (b)(6)(D) Bedding/sleeping apparel laundered weekly
  - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
  - (b)(1)(A) Staff training – first aid
  - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
  - (b)(2) Training updated at least every 3 years
  - (b)(3) Written documentation of training
  - (c)(2) Trained staff on site when child is present
  - (c)(3) Self-administration - written authorization and under supervision of trained staff
  - (d)(1) Equipment provided by parents
  - (d)(2) Equipment labeled and inaccessible
  - (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
  - (e)(1) Authorized prescriber written order
  - (e)(2) Written authorization from parent
  - (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 173. (c)(3)
- 174. (d)(1)
- 175. (d)(2)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

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

**ADDITIONAL VIOLATION**

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
  - (a)(2) Admin/Parent permission/report errors
  - (a)(3)(A-B) Labeling and Storage
  - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
  - (b)(1)(A/C) Medication training-general-oral/top/inhalant
  - (b)(1)(D) Injectable premeasured autoinjector medication
  - (b)(1)(E) Rectal medication
  - (b)(1)(F) Injectable other than premeasured auto-injector
  - (b)(2)(A-B) Training approval documents/certificates
  - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

**ADDITIONAL VIOLATION**  
 N/A 80. - Consent Order/Negotiated Corrective Action Plan conditions N/A

**DISCUSSIONS - COMMENTS**

→ Policies (Multi-hazard, adm. oversight)  
 → Consultant agreements (1-1-25)

**SIGNATURE OF OEC STAFF:** *[Signature]*  
**PRINTED NAME:** Johanne Dato

**SIGNATURE OF PERSON IN CHARGE:** *[Signature]*  
**PRINTED NAME:** Stephanie Fusco

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: CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Muriden YMCA B/A School License # 70010 Date: 12/19/24  
at Laurel Putnam

Observations/Corrections needed:

Regulation was not in compliance when:

- #4 Observed no employee orientation for 1 staff
- #12 Observed no arrival times for all children PM session
- #19 Observed no staff health records for 1 staff
- #21 Observed 1 staff without a background check
- #22 Program had no evidence of compliance on site
- #28 Observed 5 children walking out of the cafe unsupervised. (going to bathroom and/or gym)
- #35 (i) Observed 3 consultant agreements not current (for site)
- #35 (F) Observed 3 consultants without current logs (annual review of policies) on site
- #35 (i)(2) Last visit documented for Health consultant dated 4/26/23 on site.
- #40 Observed 1 child without care plan and 3 care plans not signed by all staff
- #161 Observed 1 epinephrine without prescriber's authorization and 1 without parent signature.
- #166 Observed 1 expired epinephrine (1/24)
- #146 Program has no Head Teacher

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]

Print Name: Johanne Dale

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/2/25

Signature: [Signature]

Print Name: Stephanie Fusco

(Person in Charge)