

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name: Marley Extended daycare	Date of Inspection: 3/17/25	Time of Arrival: 7:25am
Address: 77 Bickton Rd	License Number: 13292	Expiration Date: 3/31/26
City: West Hartford, CT 06119	Phone Number: 860 232 5306	Status: Closed
Operator: Marley Extended Daycare Inc	# of Staff Present: 3	Age Range: 15
Email: Marleyextended@gmail.com	Age Group: 5yrs - 11yrs	Total Capacity: 91
Designated Director: Melissa Nunez	Days of Operation: MF	Hours of Operation: 7:15am - 5:30pm / 5:30pm - 2:45pm

Regulation not in Compliance: _____ N/A = Not applicable at this time

ICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 4/14/22

- ADMINISTRATION 19a-79-3a**
- 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
 - 15. (m) Motor vehicle laws-transportation
 - 16. (n) Capacity
 - 17. (o) Respond to OEC-no false, misleading statements or documents
 - 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight Policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 7a(e)(17) Radon test posted (Schls-N/A)

- 19. (a)(1)
 - 20. (a)(3)
 - 21. (b)
 - 21a. (b)(2)
 - 22. (b)(4)
 - 23. (d)
 - 25. (d)(2)
 - 26. (d)(3)(A-C)
 - 28. (d)(4)(D)
 - 29. (d)(5)(A)
 - 30. (e)(1)
 - 31. (f)(1)
 - 32. (f)(2)
 - 33.
 - (a)(2)
 - (h)(1)
 - (h)(2)
 - 34.
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
 - 35.
 - (i)(1)(A)-(D)
 - (i) - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)
- Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance -with bknd cks/history
Adequate staffing
Two staff present-age 18 or older
Personal qualities of staff
Supervision-Indoors/Outdoors
Group Size-school age field trips/outdoors
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 (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 | ✓ | ✓ |
| Health | 0 | ✓ | ✓ |
| Soc. Serv. | 0 | ✓ | ✓ |
| Dietitian | - | - | - |

PROGRAM NAME: Maxwell Extended Daycare

INSPECTION NUMBER: 13292 DATE: 3/17/25

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

79. <input checked="" type="checkbox"/>	(d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible TOILETING Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Radon test- Results: _____ (Schl- <u>N/A</u>) Carbon monoxide detector-each level <u>N/A</u> Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)
82. <input checked="" type="checkbox"/>	(d)(10)(A)	
	(d)(10)(B)	
	(d)(10)(D)	
	(d)(10)(E)	
	(d)(10)(E)	
	(d)(10)(F)	
	(d)(10)(G)	
	(d)(10)(H)	
	(d)(11)	

HEALTH and SAFETY 19a-79-6a

16. <input checked="" type="checkbox"/>	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
17. <input checked="" type="checkbox"/>	(a)(2)	Nutritious meals and snacks
18. <input checked="" type="checkbox"/>	(a)(3)	Proper refrigeration-41 degrees
19. <input checked="" type="checkbox"/>	(a)(4)	Menus-1 wk in advance- keep 3 mths
20. <input checked="" type="checkbox"/>	(a)(5)	Food Service Inspection _____ (N/A)
21. <input checked="" type="checkbox"/>	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
22. <input checked="" type="checkbox"/>	(a)(7)	Separate hand washing facilities
23. <input checked="" type="checkbox"/>	(a)(8)	Multi-use eating/drinking utensils
24. <input checked="" type="checkbox"/>	(a)(10)	Children supervised during meal prep
25. <input checked="" type="checkbox"/>	(a)(11)	Handwashing-staff/children
26. <input checked="" type="checkbox"/>	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
27. <input checked="" type="checkbox"/>	(b)(2)	Designated isolation area
28. <input checked="" type="checkbox"/>	(c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
29. <input checked="" type="checkbox"/>	(c)	FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
30. <input checked="" type="checkbox"/>	(d)	FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

83. <input checked="" type="checkbox"/>	(e)(1)
84. <input checked="" type="checkbox"/>	(e)(2)
86. <input checked="" type="checkbox"/>	(e)(4)
90. <input checked="" type="checkbox"/>	(e)(6)
91. <input checked="" type="checkbox"/>	(e)(7)
94. <input checked="" type="checkbox"/>	(e)(7)
	(e)(7)
	(e)(7)
95. <input checked="" type="checkbox"/>	(e)(8)
96. <input checked="" type="checkbox"/>	(e)(9)
	(e)(9)
	(e)(10)
97. <input checked="" type="checkbox"/>	(e)(11)
98. <input checked="" type="checkbox"/>	(e)(12)
99. <input checked="" type="checkbox"/>	(e)(13)
	(e)(14-15)
101. <input checked="" type="checkbox"/>	(e)(17)
102. <input checked="" type="checkbox"/>	(e)(18)
103. <input checked="" type="checkbox"/>	(f)(1)(A)
104. <input checked="" type="checkbox"/>	(g)(1)
107. <input checked="" type="checkbox"/>	(g)(4)
108. <input checked="" type="checkbox"/>	(g)(5)
109. <input checked="" type="checkbox"/>	(g)(6)
110. <input checked="" type="checkbox"/>	(j)
111. <input checked="" type="checkbox"/>	(j)

PHYSICAL PLANT 19a-79-7a

62. <input checked="" type="checkbox"/>	(a)(2)	Fire marshal codes/certificate <u>101324</u>
63. <input checked="" type="checkbox"/>	(b)	Indoor/Outdoor space inspected/approved
64. <input checked="" type="checkbox"/>	(b)(1)-(5)	Construction/expansion/renovation/conversion
65. <input checked="" type="checkbox"/>	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66. <input checked="" type="checkbox"/>	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
67. <input checked="" type="checkbox"/>	(c)(4)	Testing of premises/grounds for chemicals
68. <input checked="" type="checkbox"/>	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools- <u>N/A</u>)
69. <input checked="" type="checkbox"/>	(c)(5)(B)	Lead Water Test - Date: _____ (N/A)
	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
70. <input checked="" type="checkbox"/>	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(A)	LEAD PAINT - Building Pre-78: <u>N</u> Lead Test: <u>Y/N</u> Results _____
	(c)(6)(A)	Lead Management Plan _____
71. <input checked="" type="checkbox"/>	(c)(6)(B-D)	Peeling Paint - <u>Y/N</u> Inside/Outside
72. <input checked="" type="checkbox"/>	(d)(2)	Emergency vehicle access
73. <input checked="" type="checkbox"/>	(d)(3)	Walkways maintained
74. <input checked="" type="checkbox"/>	(d)(5)	Windows protected to prevent falls
75. <input checked="" type="checkbox"/>	(d)(5)	Overhead doors-locks/spring protectors (N/A)
77. <input checked="" type="checkbox"/>	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed

112. <input checked="" type="checkbox"/>	(h)(7)
	(h)(7)(B)
	(h)(7)(C)
114. <input checked="" type="checkbox"/>	(i)
	(i)
	(i)

PROGRAM NAME: Mary Extended daycare
 LICENSE NUMBER: 13292
 DATE OF INSPECTION: 3/17/25

SCHOOL AGE ENDORSEMENT 19a-79-11

140. (b) Approved Schl Age Endorsement
SCHEDULE - ACTIVITIES
 Written daily program plan-flexible schedule- available to staff/parents
 Activities not a duplication of child's day
 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

141. (c)
 (c)(1)
 (c)(2)
 (c)(3)

43. (d) Ratio- 1:15
 44. (e) Group size- max. 30
 45. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 46. (g) Designated Head teacher approved- 60%

MONITORING OF DIABETES 19a-79-13

171. (a)(1)
 172. (b)(1)(A)
 (b)(1)(B) (i)-(iii)
 (b)(2)
 (b)(3)
 (c)(2)
 (c)(3)
 173. (d)(1)
 174. (d)(2)
 175. (d)(3)
 176. (d)(3)
 177. (e)(1)
 178. (e)(2)
 179. (e)(3)

Written policies and procedures
STAFF TRAINING
 Staff training - first aid
 Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 Training updated at least every 3 years
 Written documentation of training
 Trained staff on site when child is present
 Self-administration - written authorization and under supervision of trained staff
 Equipment provided by parents
 Equipment labeled and inaccessible
 Signed agreement with parent regarding equipment, supplies, materials to be discarded
 Authorized prescriber written order
 Written authorization from parent
 Testing results and actions taken - documented and kept on file, ensure parents are notified daily

MINISTRATION OF MEDICATIONS 19a-79-9a

57. (9a) Written medication policies/procedures
 58. (9a) Permit enrollment of children with asthma, allergies, diabetes
NONPRESC. TOPICAL MEDICATION
 59. (a)(2) Admin/Parent permission/report errors
 (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned
MEDICATION TRAINING
 60. (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

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

Health + safety training for all staff by 4/1/25
 - update Policies for new regulations
 - show checklist/sample policies
 - Education consultant visit 1x year
 Kids Bathrooms - vents dusty water stains in Boys Bathroom

Signature of OEC staff: Sha Miller Kreiterman
 Signature of person in charge: Melissa Nunez

DEC DIVISION OF LICENSING
 50 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oc.licensing@ct.gov

Written Corrective/Action Plan Due by: 3/31/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Merley Extended Daycare License # 13292 Date: 3/17/25

Observations/Corrections needed:

Regulations Not Compliance when observed:

#1 - Local Health inspection not current send copy to Agency.

#18 (3)(b)(2) + (d)(6)(c) - old complaint procedure posted. Administrative oversight not posted.

#33(h)(2) 2 staff not have 1% annual professional development

#35(1)(2)(A-H) - All consultant agreements not current with new regulations.

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: [Handwritten Signature]
(OEC Representative)
Print Name: Kellerman

Signature: [Handwritten Signature]
(Person in Charge)
Print Name: Melissa Nunez

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/31/25