

**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:	Merriden YMCA @ John Brown	Date of Inspection:	5/1/25	Time of Arrival:	2:51pm
Address:	124 Columbia St	License Number:	70250	Expiration Date:	8/31/27
Town:	Merriden Ct 06451	Telephone Number:	203-514-9755	Summer Care:	Closed
Operator:	Merriden-New Britain - John Brown YMCA Inc	# of Staff Present:	4	# children Present:	14
Email:	sfwaco@nbbyymca.org	Ages Served:	5 YEARS 11 YEARS	Total Capacity:	134
Designated Director:	Stephanie Fwaco	Days of Operation:	M-F	Hours of Operation:	6:45-8:50 2:40-6:00

Instruction Codes: 7 = Regulation in Compliance 8 = Regulation not in Compliance N/A = Not Applicable

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 1/9/24

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM NAME: Moriden YMCA @ John Barry LICENSE NUMBER: 70250 DATE: 5/1/25

RECORD KEEPING 19a-79-5a

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

PHYSICAL PLANT 19a-79-7a cont.

- 79. (d)(8) SMOKING
- (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 82. (d)(10)(A) TOILETING
- (d)(10)(B) Shared toilets/sinks-supervision plan
- (d)(10)(D) Toileting needs met
- (d)(10)(E) Required toilets/sinks-1:25
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(F) Handwashing staff/children
- (d)(10)(G) Toilets/sinks located at the facility
- (d)(10)(H) Well lighted/ventilated toilet rooms
- 83. (d)(11) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
- 84. Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

- (e)(1) AIR TEMPERATURE
- (e)(2) Air temp < 65°F comfortable
- (e)(4) Air temp > 80°F - ↑ fluids/ventilation
- (e)(6) Portable space heaters prohibited
- (e)(7) Hot water/Steam pipes protected
- (e)(7) TELEPHONE/NUMBERS
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- (e)(8) LIGHTING
- (e)(9) All areas min. 1 foot candle of lighting
- (e)(9) Enough lighting for comfort
- (e)(10) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(12) Stairs-protected/good repair-handrails
- (e)(13) Toxic plants/materials inaccessible
- (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 101. (e)(17) Radon test- Results: (Schls-N/A)
- 102. (e)(18) Carbon monoxide detector-each level N/A
- 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 107. (g)(4) Developmentally app equipment, materials
- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. (h)(1) OUTDOOR SPACE
- (h)(2) Adequate space- 75 sq. ft. per child
- (h)(3) Shock absorbing surfaces-minimum 8"
- (h)(4) Playground free from hazards
- (h)(5) Nuts, bolts, screws-tight, covered/protected
- (h)(6) Outside equipment anchored-anchors buried
- (h)(8) New equip- cert playg. Inspection upon request
- (h)(9) Drinking water available/accessible
- 112. (h)(7) Equipment arranged for safety-equip/fences/structures not hazardous
- (h)(7)(B) OUTDOOR PROTECTED/FENCED
- (h)(7)(C) Playground protected from traffic, water, gullies or other hazards
- 114. (j) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (j) Rooftop play areas-6 ft. wall/barrier (N/A)
- (j) WATER HAZARDS
- (j) Pools, swimming areas-conforms to DPH (N/A)
- (j) Wading pools prohibited
- (j) Hot tubs/spas/saunas-locked/inaccessible (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 8/16/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: _____
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) LEAD PAINT - Building Pre-78 N Lead Test N Results Lead identified Lead Management Plan every 6 months
- (c)(6)(B-D) Peeling Paint - Y N Inside/Outside
- 71. (d)(2) Emergency vehicle access
- 72. (d)(3) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 76. (d)(5) Overhead doors-locks/spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed

- 109. (g)(6)
- 110. (j)
- 111. (h)(1)
- (h)(2)
- (h)(3)
- (h)(4)
- (h)(5)
- (h)(6)
- (h)(8)
- (h)(9)
- 112. (h)(7)
- (h)(7)(B)
- (h)(7)(C)
- 114. (j)
- (j)
- (j)
- (j)

CHILD CARE CENTER REGISTRATION CHECKLIST - HOME II

PROGRAM NAME	Merriden YMCA @ John Barry	NUMBER	70250	DATE	5/1/25
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SCHOOL AGE ENDORSEMENT 19a-19j	MONITORING OF DIABETES 19a-19j
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 143.	(d)	Ratio- 1:15
<input 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)	Designated Head teacher approved- 60%

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

ADMINISTRATION OF MEDICATIONS 19a-19j

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(2)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (a)(3)(C)	MEDICATION TRAINING
<input type="checkbox"/> 160.	<input type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" 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 (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

"Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 16, 2024. Program must ensure policies are updated to reflect new requirements"

Signature of OEC staff	<i>Johanne Walo</i>
Printed Name	Johanne Walo

Signature of person in charge	<i>Stephanie Fusco</i>
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 Email: oc.licensing@ct.gov

Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: 5/15/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Malden YMCA @ John Barry License # 70250 Date: 5/1/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#19(a)(6): Observed 1 staff without a health record

#40(a)(2)(E): Observed 1 child with asthma and no care plan and 1 care plan not signed by staff

#160(b)(1)(A)(C): Per attendance, for the week of 4/21-4/25^{am} no staff trained in oral/topical/inhalant on site.

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) Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge) Stephanie Fusco

OEC BY: 5/15/25