

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



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

Merriden YMCA Preschool Center	5/22/25	11:25am
110 W. Main St	70733	10/31/27
Merriden, Ct 06451	863-235-6386	Open
Merriden - New Britain - Berlin Young Men Christian Association	# of Staff Present: 7	# over 3 Present: 17
cvillafane@merridenymca.org	Total Capacity: 78	Total Under 3 capacity: 10
Cathlin Vallafane		# under 3 Present: 5
		Ages Served: 12 months - 12 years
		M-F 7:00am - 5:00pm

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1/21/25	<input type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13.	(d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies		(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		(h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 22.	(f)	ACCESS		(h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents		(4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records		(4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization		(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation		(e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 27.	(o)	Capacity		(i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 28.		Respond to OEC-no false, misleading statements or documents		(i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 29.		POSTINGS		(i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 30.	3a(e)(1)	License posted		(F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 31.	3a(e)(2)	OEC Complaint Procedure posted		(i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 32.	3a(d)(6)(C)	Administrative Oversight policy		(H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 33.	3a(e)(3)	Menus posted			Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 34.	3a(e)(4)	No Smoking posted signs at entrances			Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	3a(e)(5)	OEC Inspection report posted or available			Consultant visits- Education/Health
<input checked="" type="checkbox"/> 36.	3a(e)(6)	Dev. Milestones posted			Contracts
<input checked="" type="checkbox"/> 37.	7a(e)(17)	Radon Test posted			Logs
<input checked="" type="checkbox"/> 38.	10(g)(8)	Safe Sleep policy posted			Visits

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

PHYSICAL PLANT 19a-79-7a cont.

PROGRAM NAME <u>MORNING YMCA PAROCHIAL CENTER</u>	LICENSE <u>70733</u>	DATE <u>5/22/25</u>
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RECORD KEEPING 19a-79-7a **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed (N/A)
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.		SMOKING
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		(d)(9)	Electrical safety – outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>			TOILETING
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>			Shared toilets/sinks-supervision plan

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"/>	82.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>		(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/>		(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(11)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(4)	Portable space heaters prohibited
		(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	<input checked="" type="checkbox"/>		(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
		(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>		(e)(6)	Rugs- not a tripping/slipping hazard
				<input checked="" type="checkbox"/>		(e)(7)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>		(e)(7)	TELEPHONE/TELEPHONE NUMBERS
				<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)(8)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>		(e)(9)	LIGHTING
				<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-sufficient lighting to be visible
				<input checked="" type="checkbox"/>		(e)(9)	Enough 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)	Measures to prevent vermin
				<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: <u>0.3</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, free from rust
				<input checked="" type="checkbox"/>		(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input checked="" type="checkbox"/>		(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>			Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>7/1/24</u>	<input checked="" type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/>		(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(17)	Radon test- Results: <u>0.3</u> (Schls-N/A)
<input checked="" type="checkbox"/>	69.		WATER SUPPLY -Public/Well, (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>6/3/23</u>	<input checked="" type="checkbox"/>		(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessibile	<input checked="" type="checkbox"/>		(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____	<input checked="" type="checkbox"/>		(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____	<input checked="" type="checkbox"/>		(g)(4)	Developmentally app equipment, materials
			Peeling Paint - <u>Y/N</u> Inside/Outside				

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Middletown YMCA (Franchise) Center	LICENSE NUMBER	70733	DATE OF INSPECTION	5/22/25
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PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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.		OUTDOOR SPACE
	<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 play. 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
112.		OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
	<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
114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS (N/A)
	<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)

128.		DIAPERING cont.
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
129.		LINENS/CLOTHING
	<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
130.		SAFE SLEEP
	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies - parents informed
131.		TOYS AND OTHER OBJECTS
	<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
	<input checked="" type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
	<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
	<input checked="" type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
135.		Health consultant visits/documentation
136.	(i)(1)(2A-C)	FEEDING
	<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
	<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
116.	(g)(1)-(11)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (b)	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, moderate and vigorous physical activity that takes place outdoors
	<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.		DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 (N)

140.	(b)	Approved Schl Age Endorsement
141.		SCHEDULE - ACTIVITIES
	<input checked="" type="checkbox"/> (c)	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
143.	(d)	Ratio- 1:15
144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: MANDALAY YMCA (P. SCHWARTZ) (C. SCHWARTZ) **LICENSE NUMBER:** 70733 **INSPECTION DATE:** 5/22/25

SCHOOL AGE ENDORSEMENT 19a-79-11 **MONITORING OF DIABETES 19a-79-13**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 146. (g) Designated Head teacher approved- 60%

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)

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
 (i)-(iii)
 (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
 173. (c)(3) Self-administration - written authorization and under supervision of trained staff
 174. (d)(1) Equipment provided by parents
 175. (d)(2) Equipment labeled and inaccessible
 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
 177. (e)(1) Authorized prescriber written order
 178. (e)(2) Written authorization from parent
 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a

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


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

DISCUSSIONS/COMMENTS

"Policy review checklist prior at prior inspections (other programs). Program must ensure policies are updated to reflect new requirements"

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: 
Printed Name: Johanne Dalo

Signature of person in charge: 
Printed Name: Cathlin Page

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 6/4/25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mauden YMCA Preschool Center License # 70733 Date: 5/22/25

Observations/Corrections needed:

→ Regulation was not in compliance when....

#4 (b)(6): Observed no documentation of employee orientation for 4 staff.

#5 (b)(6): Observed no documentation of annual policy training for

#12 (a)(1): Observed ^{no} documentation of attendance for all staff in under three classroom (2 weeks)

#19 (a)(1): Observed 2 staff health records not current ^{with}

#33 (a)(1): Observed 1 staff without documentation of Health and Safety training.

#39 (a)(2)(c): Observed 2 children without documentation of flu vaccination. Per attendance, children were in attendance between (1/1/25 - 3/31/25).

#65 (b)(6): Upon arrival 5 under 3 children with 4 staff were in unit 1 (unit 1 is not a licensed space) No documentation of field trip was observed.

#95 (e)(10): Observed lysol spray and clorox spray accessible to children. Office door open bucket on low table.

Discussion: 2 dirty ceiling vents (bathroom)

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 I. Salo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/4/25

Signature: [Signature]
(Person in Charge)
Print Name: Cathlin Bagge