

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:	MELC - @ Verplank	Date of Inspection:	5-20-25	Time of Arrival:	7:10am
Address:	126 Olcott St.	License Number:	16800	Expiration Date:	6-30-26
Town:	Manchester	Telephone Number:	860-952-4344	Summer Care:	Closed
Operator:	Manchester Early Learning Center INC	# of Staff Present:	5	# children Present:	5
Email:	john@melearning.org	Ages Served:	5-12 Years	Total Capacity:	150
Designated Director:	Jennifer Wagner	Days of Operation:	M-F 7-9:34	Hours of Operation:	7-9am 34-6

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 7-6-23

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-COMLETE/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 ecks/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	N/A	N/A	

PROGRAM NAME MELC @ Verplank LICENSE NUMBER 16800 DATE OF INSPECTION 5-20-25

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

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
- Designated isolation area
- 58. (b)(2) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 59. (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)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate _____
- 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
- LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____
- Lead Management Plan Approved
- Peeling Paint - Y/N Inside/Outside
- 71. (c)(6)(B-D) Emergency vehicle access
- 72. (d)(2) 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

PHYSICAL PLANT 19a-79-7a cont.

- 79. (d)(8) SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 82. (d)(10)(A) TOILETING Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(D) 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
- (e)(1) AIR TEMPERATURE Air temp < 65°F comfortable
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(4) Portable space heaters prohibited
- 90. (e)(6) Hot water/Steam pipes protected
- 91. (e)(7) TELEPHONE/NUMBERS Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- 94. (e)(8) LIGHTING All areas min. 1 foot candle of lighting
- (e)(9) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(12) Stairs-protected/good repair-handrails
- 98. (e)(13) Toxic plants/materials inaccessible
- 99. (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 Adequate space- 75 sq. ft. per child
- (h)(2) Shock absorbing surfaces-minimum 8"
- (h)(3) Playground free from hazards
- (h)(4) Nuts, bolts, screws-tight, covered/protected
- (h)(5) Outside equipment anchored-anchors buried
- (h)(6) New equip- cert playg. Inspection upon request
- (h)(8) Drinking water available/accessible
- (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. (h)(7) OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. (i) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A)
- (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME MELC @ Versplank	LICENSE NUMBER 16800	DATE OF INSPECTION 5-20-25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> 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 Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	
	<input checked="" type="checkbox"/> (c)(1)	
	<input checked="" type="checkbox"/> (c)(2)	
	<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/> 146.	(g)	

<input checked="" type="checkbox"/> 171.	(a)(1)	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
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	
	<input checked="" type="checkbox"/> (b)(1)(B)	
	(i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2)	
	<input checked="" type="checkbox"/> (b)(3)	
	<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 173.	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

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

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

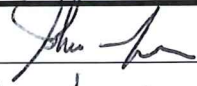
ADDITIONAL VIOLATION

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

Program aware of all new regulations.
 Two child files no behavior management.
 #36-observed seven child files with incomplete work info.
 #37/a/d/i-observed two child files with no emergency person permission.
 #56- No handwashing of kids before breakfast.
 #161-observed eleven with no parent signature on med office
 #164- one medication expired - Epi-pen
 #164- one medication no prescription label
 #162- Fire marshal expired certificate

Signature of OEC staff	D. Wassenhove
Printed Name	Dianna Wassenhove

	Signature of person in charge
John Loyer	Printed Name

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: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 6-3-25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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