



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	YMCA ELLINGTON LATCH KEY PROGRAM					License Number	DCCC.16290		Date of Inspection	04/02/2024	
						Expiration Date	7/31/2026		Time of Inspection	03:00 PM	
Address	49 MAIN ST ELLINGTON CT 06029-3341					Telephone	(860) 871-0008		Licensed Capacity	75	
						Hours of Operation	MONDAY-FRIDAY 7:00AM-9:00AM 3:00PM-6:00PM		Infant/Toddler Capacity	0	
Is this a Change of Address?	Yes?		No?		X				Summer Care	Closed	
New Address						Minimum Age Served	5 years	Maximum Age Served	12 years	Water Supply	Public Water
						Program's Email	Jennifer.motta@ghymca.org				
Operator	YMCA OF METROPOLITAN HARTFORD INC					Name of Inspector	Karen Kellerman				
Director	JENNIFER MOTTA					Inspector's Email	karen.kellerman@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants – Toddlers Present	0	# of Total Children Present	19	# of Staff Present	4	Type of Inspection	UNANNOUNCED INSPECTION - FULL			

LICENSURE PROCEDURES 19a-79-2a

O	1. Local Health Inspection Date: 02/24/2024	Failed to maintain current local health inspection. Send copy to agency.
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change		
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time	
X	7. Daily Attendance Records- staff and children		
ITEMS POSTED – ACCESSIBLE			
X	8. License		
X	9. Fire Marshal certificate		
	Date	09/12/2023	
X	10. OEC Complaint procedure		
	11. Food Service Certificate	N/A?	
	Date	X	
X	12. Menus		
X	13. Emergency plans		
X	14. No Smoking Signs		
X	15. Radon Test	N/A?	
	Date	Results	
	01/12/2006	.6	
X	15a. Developmental Milestones		
X	15b. Access		
X	15bb. Endorsements		
STAFFING 19a-79-4a			
X	15c. Staffing		
O	16. Staff Health records – TB tests	Failed to maintain current medical statement for 1 staff	
X	17. Professional development		
X	18. Disciplinary actions		
X	18b. Background checks		

X	19. Designated Head Teacher					
X	20. Two Staff present					
X	20a. Staff Qualities					
	21. Ratio: 1 staff to 10 children					
X	21b. Supervision					
	22. Group Size – maximum 20 children					
X	23. Designated director - Training					
X	24. CPR Certified Staff (Group Home N/A)					
X	25. First Aid Trained Staff					
X	26. Consultants-Agreements and Contracts					
X	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
	Contracts					
	Logs					
	Do they take children swimming?	N SWIMMING				
X	28. Non-swimmers identified					
X	29. Staff/Child Ratios					
X	30. CPR certified staff (20 years of age)					
X	31. Lifeguard certified - supervision					
RECORD KEEPING 19a-79-5a						
X	32. Enrollment information					
X	33. Emergency medical permission					
X	34. Authorized release permission					
X	35. Field trip permission					
X	36. Transportation permission					

X	37. Child health records and immunizations		
X	38. Individual care plan (signed by parents and staff)		
X	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
X	40. Nutritious snacks and meals (required food groups)		
X	41. Proper refrigeration (max 45°)		
X	42. Kitchen separated	N/A?	
X	43. Hand washing – before eating or food handling		
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
X	45. License premises – clean, good repair, hazard free		
X	47b. Plans for new construction, expansion, renovation or conversion		
X	48. Sanitary drinking fountains – disposable cups		
X	49. Lead Water Test (N/A?)	Bacterial/Chemical Test (N/A?) X	
X	50. Walkways maintained		
X	51. Designated staff toilet/sink		
	52. All openings for ventilation screened		
X	53. Windows protected to prevent falls		
	54. Glass protected up to 36"		
X	55. Overhead doors – locking devices, spring protectors		
X	56. Exits, Hallways and Stairs unobstructed		

	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails		
X	79. Pets – maintained, care plan	Y/N N	
X	80. Operable CO detector on each level	N/A? Y	
X	81. Program space-adequate square footage per child		
X	82. Equipment clean, good repair, safe, non-toxic		
	83. Cots stored, maintained, adequate number		
X	84. Developmentally appropriate equipment		
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N	
X	86. No weapons, no facsimile of a firearm on premises		
OUTDOOR SPACE			
X	87. Outdoor space - adequate square footage per child		
X	88. Impact absorbing material under equipment		
X	89. Playground free from hazards		
X	92. Equipment anchored, safely arranged		
X	93. Outdoor play area protected, fenced		
X	94. Drinking water available, accessible		
EDUCATIONAL REQUIREMENTS 19a-79-8a			
X	95. Written plan for daily program available to parents/staff		
X	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up	
ADMINISTRATION OF MEDICATIONS 19a-79-9a			
X	97. Written policies, procedures		
X	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS		
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X99. Administration,
parent permission,
MAR**X**100. Labeling,
storage

ORAL/TOPICAL/INHALENT MEDICATIONS		
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X101. Med trained
staff, certificates

O/T/I

Injectable

Y

Y

X102. Authorized
prescriber, parent
permission, MAR**X**103. Labeling,
storage**X**104. Unused,
expired meds
returned/disposed

SELF-ADMINISTRATION		
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X105. Authorized
prescriber, parent
permission, MAR**X**106. Labeling,
storage**X**107. Approved
petition for special
medication
authorization**No**Is there an
approved
endorsement?

INFANT/TODDLER ENDORSEMENT 19a-79-10		
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109. Approved
endorsement110. Ratio: 1 staff to
4 children111. Group size: no
larger than 8112. Physical
barriers, groups of
8 (indoors and
outdoors)113. Adequate sinks
in program space114. Free standing,
well-constructed,
safe cribs

115. Washable cots

116. Chairs for
feeding, stable,
safety straps,
locking tray117.
Developmentally
appropriate tables,
chairs, equipment118. Refrigerators
and food prop
facilities

	119. Diaper area-sturdy, safety rail, nonporous, exclusive use			
	120. Diaper area-washed, disinfected			
	121. Diaper area-disposable paper sheets			
	122. Covered waste receptacle			
	123. Diaper changing policy posted, followed			
	124. Hand washing policy posted, followed			
	125. Individual storage of personal items			
	126. Cribs/cots washed and disinfected			
	127. Under 12 months- placed on back for sleeping			
	128. Alternate sleep position-equipment, medical documentation	Yes	No	
	129. Crib, bed used for infant sleeping			
	130. Crib, bed free from observable hazards			
	131. Infant toys separate, washed, disinfected daily			
	132. No toys, objects less than 1/1/4" diameter			
	133. Plastic bags, balloons, Styrofoam objects inaccessible			
	134. Health consultant, doc. of visits			
	135. Infants held for bottles, indiv. attention, tummy time			
	136. Written statement, feeding schedule from parent			
	137. Unused portions of liquids discarded			
	138. Clean Bottles, disp. bottles, approved bottle washing			
	139. Food served from dish or whole jar served			
	140. Bottles individually identified with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS:

COMMENTS:

NOTE:

Items left blank on this form were not monitored during this visit.

Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.

APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

		DATE CORRECTIONS DUE BY:	
(Signature of OEC Representative)	(Signature of OEC Representative)		(Signature of Person in Charge)
Karen Kellerman		04/16/2024	Jen Motta
(Printed Name)	(Printed Name)		(Printed Name)