



## DIVISION OF LICENSING

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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                     |                                 |  |            |                                    |                           |   |                                |                           |                                      |                     |
|-------------------------------------|---------------------------------|--|------------|------------------------------------|---------------------------|---|--------------------------------|---------------------------|--------------------------------------|---------------------|
| <b>Program Name</b>                 | <b>YWCA WEST HILL KIDSLINK</b>  |  |            |                                    | <b>License Number</b>     | <b>DCCC.16196</b>                           | <b>Date of Inspection</b>      | <b>05/06/2024</b>         |                                      |                     |
|                                     |                                 |  |            |                                    | <b>Expiration Date</b>    | <b>7/31/2026</b>                            | <b>Time of Inspection</b>      | <b>03:10 PM</b>           |                                      |                     |
| <b>Address</b>                      | <b>95 CRONIN DR</b>             |  |            |                                    | <b>Telephone</b>          | <b>(860) 500-6864</b>                       | <b>Licensed Capacity</b>       | <b>75</b>                 |                                      |                     |
|                                     | <b>ROCKY HILL CT 06067-1105</b> |  |            |                                    | <b>Hours of Operation</b> | <b>MONDAY-FRIDAY 7-8:30 AM, 3:00-6:00PM</b> | <b>Infant/Toddler Capacity</b> | <b>0</b>                  |                                      |                     |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>                     |  | <b>No?</b> | <b>X</b>                           |                           |   | <b>Summer Care</b>             | <b>Closed</b>             |                                      |                     |
| <b>New Address</b>                  |                                 |  |            |                                    | <b>Minimum Age Served</b> | <b>5 years</b>                              | <b>Maximum Age Served</b>      | <b>12 years</b>           | <b>Water Supply</b>                  | <b>Public Water</b> |
|                                     |                                 |  |            |                                    | <b>Program's Email</b>    | <b>tinag@ywcahartford.org</b>               |                                |                           |                                      |                     |
| <b>Operator</b>                     | <b>YWCA HARTFORD REGION INC</b> |  |            |                                    | <b>Name of Inspector</b>  | <b>Betty Mayer</b>                          |                                |                           |                                      |                     |
| <b>Director</b>                     | <b>CHRISTINA GLADDEN</b>        |  |            |                                    | <b>Inspector's Email</b>  | <b>elizabeth.mayer@ct.gov</b>               |                                |                           |                                      |                     |
| <b>Key:</b>                         | <b>Compliant = X</b>            | <b># of Infants - Toddlers Present</b> | <b>0</b>   | <b># of Total Children Present</b> | <b>11</b>                 | <b># of Staff Present</b>                   | <b>2</b>                       | <b>Type of Inspection</b> | <b>UNANNOUNCED INSPECTION - FULL</b> |                     |
| <b>Non-Compliant = O</b>            |                                 |  |            |                                    |                           |   |                                |                           |                                      |                     |

#### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: <b>08/26/2022</b>                   |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

#### ADMINISTRATION 19a-79-3a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1b. Administration</b>                                       |  |
| <b>X</b> | <b>1bb. Capacity</b>  |  |
| <b>X</b> | <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>O</b> | <b>3. Annual Staff Policy Training</b>                          | <b>Failed to train staff on policies, plans and procedures when observed one staff missing annual policy review.</b> |
| <b>X</b> | <b>3b. Managing child behavior</b>                              |  |
| <b>X</b> | <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>X</b> | <b>4b. Failure to report</b>                                    |  |

|                                  |   |   |
|----------------------------------|---|---|
| <b>X</b>                         | 5. Notification of Change                       |   |
| <b>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |
| <b>X</b>                         | 7. Daily Attendance Records- staff and children |   |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |   |
| <b>X</b>                         | 8. License                                      |   |
| <b>X</b>                         | 9. Fire Marshal certificate                     |   |
|                                  | Date  | 11/30/2023  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |   |
|                                  | 11. Food Service Certificate                    | <u>N/A?</u>   |
|                                  | Date  | X   |
| <b>X</b>                         | 12. Menus                                       |   |
| <b>○</b>                         | 13. Emergency plans                             | Failed to post medical, fire and weather emergency plans in a conspicuous location.             |
| <b>X</b>                         | 14. No Smoking Signs                            |   |
|                                  | 15. Radon Test                                  | <u>N/A?</u>   |
|                                  | Date  | Results   |
|                                  |   | X   |
| <b>○</b>                         | 15a. Developmental Milestones                   | Failed to post developmental milestones document.   |
| <b>X</b>                         | 15b. Access                                     |   |
| <b>X</b>                         | 15bb. Endorsements                              |   |
| <b>STAFFING 19a-79-4a</b>        |   |   |
| <b>X</b>                         | 15c. Staffing                                   |   |
| <b>X</b>                         | 16. Staff Health records – TB tests             |   |
| <b>X</b>                         | 17. Professional development                    |   |
| <b>X</b>                         | 18. Disciplinary actions                        |   |
| <b>X</b>                         | 18b. Background checks                          |   |

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

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

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

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |   |            |   |   |  |
|-------------------------------------|--|---|------------|---|---|--|
| <b>X</b>                            | 99. Administration, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 100. Labeling, storage   |   |            |   |   |  |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |   |            |   |   |  |
| <b>X</b>                            | 101. Med trained staff, certificates   |   |            |   |   |  |
|                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table> | O/T/I                                       | Injectable | Y | Y |  |
| O/T/I                               | Injectable   |   |            |   |   |  |
| Y                                   | Y  |   |            |   |   |  |
| <b>X</b>                            | 102. Authorized prescriber, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 103. Labeling, storage   |   |            |   |   |  |
| <b>X</b>                            | 104. Unused, expired meds returned/disposed  |   |            |   |   |  |
| SELF-ADMINISTRATION                 |  |   |            |   |   |  |
| <b>X</b>                            | 105. Authorized prescriber, parent permission, MAR   |   |            |   |   |  |
| <b>X</b>                            | 106. Labeling, storage   |   |            |   |   |  |
| <b>X</b>                            | 107. Approved petition for special medication authorization  |   |            |   |   |  |
| <b>No</b>                           | Is there an approved endorsement?  | <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b> |            |   |   |  |
|                                     | 109. Approved endorsement  |   |            |   |   |  |
|                                     | 110. Ratio: 1 staff to 4 children  |   |            |   |   |  |
|                                     | 111. Group size: no larger than 8  |   |            |   |   |  |
|                                     | 112. Physical barriers, groups of 8 (indoors and outdoors)   |   |            |   |   |  |
|                                     | 113. Adequate sinks in program space   |   |            |   |   |  |
|                                     | 114. Free standing, well-constructed, safe cribs   |   |            |   |   |  |
|                                     | 115. Washable cots   |   |            |   |   |  |
|                                     | 116. Chairs for feeding, stable, safety straps, locking tray   |   |            |   |   |  |
|                                     | 117. Developmentally appropriate tables, chairs, equipment   |   |            |   |   |  |
|                                     | 118. Refrigerators and food prep facilities  |   |            |   |   |  |

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

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
|            | 141. Play space fenced                                   |  |
|            | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |  |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 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          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

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

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |   | <b>X</b> |  |



|                          |   |
|--------------------------|---|
| <u>YES or NO?</u><br>Yes | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|--------------------------|---|

**DISCUSSIONS:**

**Janitor's closet open during inspection**

**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.

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Betty Mayer</b><br>(Printed Name)  | <br>(Printed Name)                    | <b>05/20/2024</b>              | <b>Haley Brooks</b><br>(Printed Name)  |