



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

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

| | | | | | |
|----------------------|--|--------------------------|-----------------|-------------------------|---------|
| Program Name: | YMCA ChildCare Program @ Chapel School | Date of Inspection: | 12/1/24 | Time of Arrival: | 11:20am |
| Address: | 380 Chapel St | License Number: | 70098 | Expiration Date: | 1/31/25 |
| Town: | Stratford 06614 | Telephone Number: | 203-375-5844 | Summer Care: | closed |
| Operator: | Central Connecticut Coast YMCA | # of Staff Present: | 2 | # over 3 Present: | 0 |
| Email: | mbernardo@ccymca.org | Total Capacity: | 66 | Total Under 3 capacity: | 0 |
| Designated Director: | Melissa Bernardo | Hours/Days of Operation: | 3:15pm - 6:00pm | | |

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

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

LICENSURE PROCEDURES 19a-79-2a

| | | |
|---|--------------|--|
| <input checked="" type="checkbox"/> 1. | (c)(8) | Local Health Inspection-Date: 9/30/24 |
| ADMINISTRATION 19a-79-3a | | |
| <input checked="" type="checkbox"/> 2. | (a) | Ensuring health & safety of children |
| <input checked="" type="checkbox"/> 3. | (b) | Overall management of program |
| <input checked="" type="checkbox"/> 4. | (b)(6) | Employee orientation for new program staff |
| <input checked="" type="checkbox"/> 5. | (b)(6) | Annual policy training for program staff |
| <input checked="" type="checkbox"/> 6. | (b)(7)(A) | Child behavior management |
| <input checked="" type="checkbox"/> 7. | (b)(7)(B) | Documentation that parents were informed of behavior management techniques |
| <input checked="" type="checkbox"/> 8. | (b)(7)(C) | Child Protection |
| <input checked="" type="checkbox"/> 9. | (b)(7)(E) | Mandated Reporting |
| <input checked="" type="checkbox"/> 10. | (c)(1-4) | Notification of Change |
| <input checked="" type="checkbox"/> 11. | | POLICIES-COMplete/IMPLEMENTED |
| <input checked="" type="checkbox"/> | (d)(2)(A) | Discipline policy |
| <input checked="" type="checkbox"/> | (d)(2)(B)-C) | Child Protection policy |
| <input checked="" type="checkbox"/> | (d)(3) | Closing time policy |
| <input checked="" type="checkbox"/> | (d)(4)(A) | Medical emergency policy |
| <input checked="" type="checkbox"/> | (d)(4)(B) | Multi-Hazards policy-annual drill |
| <input checked="" type="checkbox"/> | (d)(5) | Supervision policy |
| <input checked="" type="checkbox"/> | (d)(6) | General Operating policies |
| <input checked="" type="checkbox"/> | (d)(6)(C) | Administrative Oversight policy |
| <input checked="" type="checkbox"/> | (d)(7) | Personnel policies |
| <input checked="" type="checkbox"/> 12. | (d)(1) | Daily attendance-children/staff- keep 1 yr. |
| <input checked="" type="checkbox"/> 13. | | ACCESS |
| <input checked="" type="checkbox"/> | (f) | Immediate access by parents |
| <input checked="" type="checkbox"/> | (h) | Immediate access by OEC-facility/records |
| <input checked="" type="checkbox"/> 14. | (l) | 2.8 yr olds enrolled in preschool-authorization |
| <input checked="" type="checkbox"/> 15. | (m) | Motor vehicle laws-transportation |
| <input checked="" type="checkbox"/> 16. | (n) | Capacity |
| <input checked="" type="checkbox"/> 17. | (o) | Respond to OEC-no false, misleading statements or documents |
| <input type="checkbox"/> 18. | | POSTINGS |
| <input checked="" type="checkbox"/> | (e)(1) | License posted |
| <input checked="" type="checkbox"/> | (e)(2) | OEC Complaint Procedure posted |
| <input checked="" type="checkbox"/> | (e)(3) | Menus posted |
| <input checked="" type="checkbox"/> | (e)(4) | No Smoking posted signs at entrances |
| <input checked="" type="checkbox"/> | (e)(5) | OEC Inspection report posted or available |
| <input checked="" type="checkbox"/> | (e)(6) | Developmental Milestones posted NA |

STAFFING and CONSULTANTS 19a-79-4a cont.

| | | |
|---|---------------|---|
| <input checked="" type="checkbox"/> 19. | (a)(1) | Staff health records |
| <input checked="" type="checkbox"/> 20. | (a)(3) | Disciplinary actions |
| <input checked="" type="checkbox"/> 21. | (b) | Comprehensive Background Checks |
| <input checked="" type="checkbox"/> 22. | (b)(4) | Evidence of compliance |
| <input checked="" type="checkbox"/> 23. | (d) | Adequate staffing |
| <input checked="" type="checkbox"/> 24. | (d)(1) | Designated head teacher-approved-60% |
| <input checked="" type="checkbox"/> 25. | (d)(2) | Two staff present-age 18 or older |
| <input checked="" type="checkbox"/> 26. | (d)(3)(A-C) | Personal qualities of staff |
| <input checked="" type="checkbox"/> 27. | | RATIOS |
| <input checked="" type="checkbox"/> | (d)(4)(A) | Ratio 1:10 - Indoors/Outdoors |
| <input checked="" type="checkbox"/> | (d)(4)(B) | Mixed age group-ratios |
| <input checked="" type="checkbox"/> | (d)(6) | Nap time ratio |
| <input checked="" type="checkbox"/> 28. | (d)(4)(D) | Supervision-Indoors/Outdoors |
| <input checked="" type="checkbox"/> 29. | | GROUP SIZE |
| <input checked="" type="checkbox"/> | (d)(5) | Group Size-Indoors/Outdoors |
| <input checked="" type="checkbox"/> | (d)(5)(A) | Group Size-school age field trips/outdoors |
| <input checked="" type="checkbox"/> | (d)(5)(B) | Mixed age group-group size |
| <input checked="" type="checkbox"/> 30. | (e)(1) | Designated director-training |
| <input checked="" type="checkbox"/> 31. | (f)(1) | CPR certified program staff |
| <input checked="" type="checkbox"/> 32. | (f)(2) | First aid certified program staff |
| <input checked="" type="checkbox"/> 33. | | PROFESSIONAL DEVELOPMENT |
| <input checked="" type="checkbox"/> | (a)(2) | Documentation |
| <input checked="" type="checkbox"/> | (h)(1)(2) | Health & Safety training |
| <input checked="" type="checkbox"/> | (h)(1)(2) | 1% annual hours |
| <input checked="" type="checkbox"/> | (4)(C)(ii-v) | SWIMMING ACTIVITIES - Y/N |
| <input checked="" type="checkbox"/> | (4)(C)(i) | Swimming-Ratios |
| <input checked="" type="checkbox"/> | (e)(6) | Non-swimmers identified |
| <input checked="" type="checkbox"/> | (e)(6) | CPR certified staff-age 20 or older |
| <input checked="" type="checkbox"/> | (e)(6) | Lifeguard-certified-supervising |
| <input checked="" type="checkbox"/> | | CONSULTANTS |
| <input checked="" type="checkbox"/> | (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian N/A |
| <input checked="" type="checkbox"/> | (i) | Consultant agreements-signed annually |
| <input checked="" type="checkbox"/> | (i)(2)(A-H) | Agreements complete w/required services |
| <input checked="" type="checkbox"/> | (F) | Consultant logs-documented activities, observations and required services |
| <input checked="" type="checkbox"/> | (i)(2) | Consultant visits- Education/Health |

| | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | ✓ | - NA |
| Health | ✓ | ✓ | - NA |
| Soc. Serv. | ✓ | ✓ | - NA |
| Dietitian | - | - | - |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

| | | | | | |
|--------------|---|----------------|-------|--------------------|---------|
| PROGRAM NAME | YMCA Child Care Program @ Chapel School | LICENSE NUMBER | 70098 | DATE OF INSPECTION | 12/4/24 |
|--------------|---|----------------|-------|--------------------|---------|

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

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

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| 72. | (d)(2) | Walkways maintained |
| 73. | (d)(3) | Windows protected to prevent falls |
| 74. | (d)(3) | Window screens (Schl age only-N/A) |
| 75. | (d)(4) | Glass and mirrors protected to 36" |
| 76. | (d)(5) | Overhead doors-locking devices, spring protectors (N/A) |
| 77. | (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |
| 78. | (d)(7) | Individual storage of clothing/bedding |
| 79. | (d)(8) | Smoking or vaping prohibited on premises/grounds |
| 80. | (d)(8) | Matches/lighters inaccessible |
| 81. | (d)(9) | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| 82. | | TOILETING |

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 |
| 54. | (a)(9) | Kitchen separated (Schl age only-N/A) |
| 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. | <input checked="" type="checkbox"/> (c) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| 60. | <input checked="" type="checkbox"/> (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 |
| 61. | <input checked="" type="checkbox"/> (d) | FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags |

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| <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16 - N/A |
| <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only |
| <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children |
| <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises |
| <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms (N/A) |
| <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes-N/A) |
| (d)(11) | Staff personal articles inaccessible |
| | AIR TEMPERATURE |
| <input checked="" type="checkbox"/> (e)(1) | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only-N/A) |
| <input checked="" type="checkbox"/> (e)(1) | Air temp <65°F comfortable (Schl age only-N/A) |
| <input checked="" type="checkbox"/> (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| (e)(3) | Water temperature 60 °F - 120 °F |
| (e)(4) | Portable space heaters prohibited |
| (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| (e)(5) | Rugs- not tripping/slipping hazard |
| (e)(6) | Hot water/Steam pipes protected |
| (e)(7) | Working phone on each level |
| (e)(7) | Emergency numbers posted-adjacent to phones |
| (e)(7) | Parents provided direct on site phone number |
| | LIGHTING |
| <input checked="" type="checkbox"/> (e)(8) | All areas min. 1 foot candle of lighting |
| <input checked="" type="checkbox"/> (e)(9) | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible |
| <input checked="" type="checkbox"/> (e)(9) | Schl age only-lighting for comfort |
| <input checked="" type="checkbox"/> (e)(9) | 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 |
| (e)(16) | Prevention of vermin-openings screened |
| (e)(17) | Radon test- Results: _____ (N/A) |
| (e)(17) | Results posted-Date: _____ (Schls-N/A) |
| (e)(18) | Carbon monoxide detector-each level N/A |
| (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| (g)(3) | Air conditioners, water heaters, fuse boxes inaccessible |
| (g)(4) | Developmentally app equipment, materials |

PHYSICAL PLANT 19a-79-7a

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| 62. | (a)(2) | Fire marshal codes/certificate 8/20/24 |
| 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 |
| 66. | (c)(2) | Licensed premises-clean, good repair, hazard free, maintenance program established |
| 67. | (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) |
| 68. | (c)(4) | Testing of premises/grounds for chemicals |
| 69. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: _____ |
| | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: _____ N/A |
| | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| 70. | | LEAD PAINT - |
| | <input checked="" type="checkbox"/> (c)(6)(A) | Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N |
| | <input checked="" type="checkbox"/> (c)(6)(B-D) | Results approved plan up to date quarterly |
| 71. | (d)(1) | Emergency vehicle access |

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| 95. | (e)(10) | |
| 96. | (e)(11) | |
| 97. | (e)(12) | |
| 98. | (e)(13) | |
| 99. | (e)(14-15) | |
| 100. | (e)(16) | |
| 101. | (e)(17) | |
| 102. | (e)(18) | |
| 103. | (f)(1)(A) | |
| 104. | (g)(1) | |
| 105. | (g)(2) | |
| 106. | (g)(3) | |
| 107. | (g)(4) | |

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

| | | | | | |
|---------------------------------------|---|-----------------------|--|---------------------------|---------|
| PROGRAM NAME | YMCA Child Care Program @ Chapel School | LICENSE NUMBER | 70098 | DATE OF INSPECTION | 12/4/24 |
| PHYSICAL PLANT 19a-79-7a cont. | | | UNDER THREE ENDORSEMENT 19a-79-10 cont. | | |

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| <input checked="" type="checkbox"/> | 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls |
| <input checked="" type="checkbox"/> | 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around |
| <input checked="" type="checkbox"/> | 110. | (j) | No weapons/no facsimile of a firearm |
| <input checked="" type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | 112. | | OUTDOOR PROTECTED/FENCING |
| <input checked="" type="checkbox"/> | | (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| <input checked="" type="checkbox"/> | 113. | (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 |
| <input checked="" type="checkbox"/> | 114. | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier N/A |
| <input checked="" type="checkbox"/> | | (i) | WATER HAZARDS |
| <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 N/A |
| <input checked="" type="checkbox"/> | | (i) | Hot tubs/spas/saunas-locked/inaccessible N/A |

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|--------------------------|------|--------------|--|--|--|
| <input type="checkbox"/> | 129. | | | | |
| <input type="checkbox"/> | | (f)(1) | | LINENS/CLOTHING | |
| <input type="checkbox"/> | | (f)(2) | | Linens/emergency clothing available | |
| <input type="checkbox"/> | | (f)(3) | | Linens washed weekly or as needed | |
| <input type="checkbox"/> | | (f)(4) | | Linens/clothing stored individually | |
| <input type="checkbox"/> | | (f)(4) | | Cribs/cots cleaned-linens changed when shared | |
| <input type="checkbox"/> | 130. | | | SAFE SLEEP | |
| <input type="checkbox"/> | | (g)(1) | | Under 12 mths placed on back for sleeping | |
| <input type="checkbox"/> | | (g)(1) | | Crib-snug fitting mattress/tightly fitted sheet | |
| <input type="checkbox"/> | | (g)(1) | | Alternate sleep position/equipment-medical documentation for medical reason on file | |
| <input type="checkbox"/> | | (g)(2) | | Infants allowed to adopt other sleep positions | |
| <input type="checkbox"/> | | (g)(3) | | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles | |
| <input type="checkbox"/> | | (g)(4) | | No unapproved sleeping-car seats/swings/beds, etc. | |
| <input type="checkbox"/> | | (g)(5) | | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes | |
| <input type="checkbox"/> | | (g)(6) | | Observe/assess infants at least every 15 minutes | |
| <input type="checkbox"/> | | (g)(7) | | Teething necklaces/bracelets, jewelry inaccessible | |
| <input type="checkbox"/> | | (g)(8) | | Safe sleep policies posted/parents informed | |
| <input type="checkbox"/> | 131. | (h)(1) | | Infant toys-separate/washed/sanitized daily | |
| <input type="checkbox"/> | 132. | (h)(1) | | Toddler toys-washed/sanitized weekly | |
| <input type="checkbox"/> | 133. | (h)(2) | | No toys/objects less than 1 1/4 " diameter | |
| <input type="checkbox"/> | 134. | (h)(2) | | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision | |
| <input type="checkbox"/> | 135. | (i)(1)(2A-C) | | Health consultant visits/documentation | |
| <input type="checkbox"/> | 136. | | | FEEDING | |
| <input type="checkbox"/> | | (j) | | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle | |
| <input type="checkbox"/> | | (k)(1) | | Written feeding schedule from parent-updated | |
| <input type="checkbox"/> | | (k)(2) | | Unused formula/milk discarded after feedings | |
| <input type="checkbox"/> | | (k)(3) | | Clean bottles/disposable bottles/appvd washing | |
| <input type="checkbox"/> | | (k)(4) | | Baby food served from dish or whole jar | |
| <input type="checkbox"/> | | (k)(5) | | Bottles labeled with child's name | |
| <input type="checkbox"/> | 137. | (l)(1) | | Outdoor spaced fenced-4 ft lic. after 1/1/25 | |
| <input type="checkbox"/> | 138. | (l)(2) | | Outdoor equipment-developmentally appropriate for ages of the children | |
| <input type="checkbox"/> | 139. | (l)(3) | | Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety | |

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| EDUCATIONAL REQUIREMENTS 19a-79-8a | | | |
| <input checked="" type="checkbox"/> | 115. | (a) | Written daily/weekly educational plan-developmentally appropriate |
| <input checked="" type="checkbox"/> | 116. | (a) | EDUCATIONAL REQUIREMENTS |
| <input checked="" type="checkbox"/> | | (1)-(11) | 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, physical activity |
| <input checked="" type="checkbox"/> | | (b) | Limited access to screen time/video games |

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| UNDER THREE ENDORSEMENT 19a-79-10 Y/N | | | |
| <input type="checkbox"/> | 117. | (b) | Approved Under 3 Endorsement |
| <input type="checkbox"/> | 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) |
| <input type="checkbox"/> | 119. | (c)(3) | Group size-max 8 (6wks-24mths), max 10 (24-36mths) |
| <input type="checkbox"/> | 120. | (c)(4) | Physical barriers- indoors/outdoors |
| <input type="checkbox"/> | 121. | (d)(1)(A-C) | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs-in compliance w/CPSC (manf. after 6/28/11) |
| <input type="checkbox"/> | 123. | (d)(2)(B) | Washable cots |
| <input type="checkbox"/> | 124. | (d)(2)(C) | Chairs for feeding-stable base-safety straps-locking tray |
| <input type="checkbox"/> | 125. | (d)(2)(D) | Dev. appropriate tables/chairs/equipment |
| <input type="checkbox"/> | 126. | (d)(2)(E) | Refrigerator and food prep facilities |
| <input type="checkbox"/> | 127. | (d)(3)(A-C) | Optional furniture/equip-safe/hazard free |
| <input type="checkbox"/> | 128. | | DIAPERING |
| <input type="checkbox"/> | | (e)(1) | Diaper area: elevated/sturdy/safety rail |
| <input type="checkbox"/> | | (e)(2) | Diaper area: used only for this purpose, located in the program area |
| <input type="checkbox"/> | | (e)(3) | Diaper area: non-porous surface/good repair |
| <input type="checkbox"/> | | (e)(4) | Diaper area: washed/disinfected after use |
| <input type="checkbox"/> | | (e)(5) | Diaper area: disposable paper sheets |
| <input type="checkbox"/> | | (e)(6)(9) | Covered waste receptacle-removed daily |
| <input type="checkbox"/> | | (e)(7) | Handwashing-staff/children |
| <input type="checkbox"/> | | (e)(8) | Diapering-Handwashing policies-posted/followed |
| <input type="checkbox"/> | | (e)(10)(A-C) | Cloth diapers-written plan developed |

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| SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N | | | |
| <input checked="" type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> | 141. | (c) | SCHEDULE - ACTIVITIES |
| <input checked="" type="checkbox"/> | 142. | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents |
| <input checked="" type="checkbox"/> | | (c)(2) | Activities not a duplication of child's day |
| <input checked="" type="checkbox"/> | | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children |
| <input checked="" type="checkbox"/> | 143. | (d) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 144. | (e) | Ratio- 1:15 |
| <input checked="" type="checkbox"/> | 145. | (f) | Group size- max. 30 |
| <input checked="" type="checkbox"/> | 146. | (g) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| | | | Head teacher approved- 60% |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

| | | | | | |
|---|---------------------------------------|--------------------------------------|-------|--------------------|---------|
| PROGRAM NAME | YMCA Child Care Program @ Chapel Hill | LICENSE NUMBER | 70098 | DATE OF INSPECTION | 12/4/24 |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N | | MONITORING OF DIABETES 19a-79-13 Y/N | | | |

| | | | | | |
|--|------------------------------------|--|--|---|--|
| <input checked="" type="checkbox"/> 147. | (b) | Approved Night Care Endorsement | <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"/> 148. | (b)(1) | Person in charge-head teacher | <input checked="" type="checkbox"/> 172. | <input checked="" type="checkbox"/> (b)(1)(A) | |
| <input checked="" type="checkbox"/> 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | | <input checked="" type="checkbox"/> (b)(1)(B) | |
| <input checked="" type="checkbox"/> 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | | (i)-(iii) | |
| <input checked="" type="checkbox"/> 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | | <input checked="" type="checkbox"/> (b)(2) | |
| <input checked="" type="checkbox"/> 152. | (b)(5) | Staff awake and available | | <input checked="" type="checkbox"/> (b)(3) | |
| <input checked="" type="checkbox"/> 153. | | SLEEP PROVISIONS | <input checked="" type="checkbox"/> 173. | (c)(2) | |
| | <input type="checkbox"/> (b)(6) | Individual cot/crib with bedding | | (c)(3) | |
| | <input type="checkbox"/> (b)(6)(A) | Sleeping apparel/toiletries labeled | <input checked="" type="checkbox"/> 174. | (d)(1) | |
| | <input type="checkbox"/> (b)(6)(B) | Required bedding | <input checked="" type="checkbox"/> 175. | (d)(2) | |
| | <input type="checkbox"/> (b)(6)(C) | Required toiletries | <input checked="" type="checkbox"/> 176. | (d)(3) | |
| | <input type="checkbox"/> (b)(6)(D) | Bedding/sleeping apparel laundered weekly | | | |
| | <input type="checkbox"/> (b)(7) | Sleep arrangements for infants | | | |
| <input type="checkbox"/> 154. | (b)(8) | Air temp 65 °F at 3 ft | <input checked="" type="checkbox"/> 177. | (e)(1) | |
| <input type="checkbox"/> 155. | (b)(9) | Fire marshal approval-hours specified | <input checked="" type="checkbox"/> 178. | (e)(2) | |
| <input type="checkbox"/> 156. | (b)(10) | Local health approval | <input checked="" type="checkbox"/> 179. | (e)(3) | |

| | |
|---|---|
| ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N | ADDITIONAL VIOLATION |
| <input checked="" type="checkbox"/> 157. (9a) | <input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A |
| <input checked="" type="checkbox"/> 158. (9a) | |

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 159. | <input checked="" type="checkbox"/> (a)(2) | Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes 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"/> 160. | <input checked="" type="checkbox"/> (a)(3)(A-B) | |
| | <input checked="" type="checkbox"/> (a)(3)(C) | |
| | <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) | |

DISCUSSIONS - COMMENTS

• Program is not operating at this school at this time. Students from school being bused to second Hill location

• NO violations at this inspection.

| | | | |
|------------------------|---------------------|-------------------------------|-----------------------|
| SIGNATURE OF OEC STAFF | <i>Fil Montagne</i> | SIGNATURE OF PERSON IN CHARGE | <i>Melissa Bernad</i> |
| PRINTED NAME | Fil Montagne | PRINTED NAME | Melissa Bernad |

| | | | |
|--|--|--|--|
| 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: NA | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |
|--|--|--|--|