



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:	Woodruff Family YMCA Children Center	Date of Inspection:	12/1/2024	Time of Arrival:	9:15AM
Address:	631 Orange Ave.	License Number:	13408	Expiration Date:	5/31/2026
Town:	Murford, CT. 06461-2158	Telephone Number:	203-878-1501	Summer Care:	Yes
Operator:	Central CT Coast YMCA	# of Staff Present:	5	# over 3 Present:	33
Email:	smarklinsky@cccymca	Total Capacity:	121	Total Under 3 capacity:	0
Designated Director:	Ryan Lewerth	Hours/Days of Operation:	M-F 7:30AM-6PM		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance 0 = 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

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 2/16/2024	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<p>ADMINISTRATION 19a-79-3a</p> <p><input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children</p> <p><input checked="" type="checkbox"/> 3. (b) Overall management of program</p> <p><input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff</p> <p><input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff</p> <p><input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management</p> <p><input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques</p> <p><input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection</p> <p><input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting</p> <p><input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change</p> <p><input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy</p> <p><input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy</p> <p><input checked="" type="checkbox"/> (d)(3) Closing time policy</p> <p><input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy</p> <p><input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill</p> <p><input checked="" type="checkbox"/> (d)(5) Supervision policy</p> <p><input checked="" type="checkbox"/> (d)(6) General Operating policies</p> <p><input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy</p> <p><input checked="" type="checkbox"/> (d)(7) Personnel policies</p> <p><input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.</p> <p><input checked="" type="checkbox"/> 13. ACCESS</p> <p><input checked="" type="checkbox"/> (f) Immediate access by parents</p> <p><input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records</p> <p><input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization</p> <p><input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation</p> <p><input checked="" type="checkbox"/> 16. (n) Capacity</p> <p><input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents</p> <p><input checked="" type="checkbox"/> 18. POSTINGS</p> <p><input checked="" type="checkbox"/> (e)(1) License posted</p> <p><input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted</p> <p><input checked="" type="checkbox"/> (e)(3) Menus posted</p> <p><input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances</p> <p><input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available</p> <p><input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted</p>			<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.	(d)(4)(A)	RATIOS
			<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
			<input checked="" type="checkbox"/> 29.	(d)(4)(D)	Mixed age group-ratios
			<input checked="" type="checkbox"/> 30.	(d)(5)	Nap time ratio
			<input checked="" type="checkbox"/> 31.	(e)(1)	Supervision-Indoors/Outdoors
			<input checked="" type="checkbox"/> 32.	(f)(1)	GROUP SIZE
			<input checked="" type="checkbox"/> 33.	(f)(2)	Group Size-Indoors/Outdoors
			<input checked="" type="checkbox"/> 34.	(g)(1)(2)	Group Size-school age field trips/outdoors
			<input checked="" type="checkbox"/> 35.	(h)(1)(2)	Mixed age group-group size
			<input checked="" type="checkbox"/> 36.	(i)(1)	Designated director-training
			<input checked="" type="checkbox"/> 37.	(i)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 38.	(j)(1)	First aid certified program staff			
<input checked="" type="checkbox"/> 39.	(j)(2)	PROFESSIONAL DEVELOPMENT			
<input checked="" type="checkbox"/> 40.	(k)(1)	Documentation			
<input checked="" type="checkbox"/> 41.	(k)(2)	Health & Safety training			
<input checked="" type="checkbox"/> 42.	(k)(3)	1% annual hours			
<input checked="" type="checkbox"/> 43.	(l)(1)	SWIMMING ACTIVITIES - Y/N			
<input checked="" type="checkbox"/> 44.	(l)(2)	Swimming-Ratios			
<input checked="" type="checkbox"/> 45.	(l)(3)	Non-swimmers identified			
<input checked="" type="checkbox"/> 46.	(l)(4)	CPR certified staff-age 20 or older			
<input checked="" type="checkbox"/> 47.	(l)(5)	Lifeguard-certified-supervising			
<input checked="" type="checkbox"/> 48.	(m)(1)	CONSULTANTS			
<input checked="" type="checkbox"/> 49.	(m)(2)	Consultants-Education, Health, Social Service, Dietitian (N/A)			
<input checked="" type="checkbox"/> 50.	(m)(3)	Consultant agreements-signed annually			
<input checked="" type="checkbox"/> 51.	(m)(4)	Agreements complete w/required services			
<input checked="" type="checkbox"/> 52.	(m)(5)	Consultant logs-documented activities, observations and required services			
<input checked="" type="checkbox"/> 53.	(m)(6)	Consultant visits- Education/Health			
<input checked="" type="checkbox"/> 54.	(m)(7)	Contracts Logs Visits			
<input checked="" type="checkbox"/> 55.	(m)(8)	Education ✓ ✓ ✓			
<input checked="" type="checkbox"/> 56.	(m)(9)	Health ✓ ✓ ✓			
<input checked="" type="checkbox"/> 57.	(m)(10)	Soc. Serv. ✓ ✓ ✓			
<input checked="" type="checkbox"/> 58.	(m)(11)	Dietitian N/A N/A N/A			

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Woodcraft Family YMCA Children Center	13468	12/9/2024
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS 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 <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. TOILETING <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 <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 <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> (e)(1) 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 <input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected <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)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> (e)(8) 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-mapping 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 <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible <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"/> (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(17) Radon test- Results: <u>1/1/2026</u> N/A <input checked="" type="checkbox"/> (e)(17) Results posted-Date: <u>1/3</u> (Schls-N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials	
HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u> <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection <u>N/A</u> <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (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"/> 61. (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>1/21/2023</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) Lead Water Test – Date: <u>4/16/2023</u> Bact./Chem Test-Date: <u>N/A</u> <input checked="" type="checkbox"/> (c)(5)(B) Drinking water available/accessible <input checked="" type="checkbox"/> (c)(5)(C) LEAD PAINT Peeling Paint - <u>N</u> Inside/Outside <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: <u>Y/N</u> Lead Test: <u>N</u> Results <u>No lead</u> <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>N/A</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)	

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

PROGRAM NAME Woodruff Family YMCA Children Center LICENSE NUMBER 13408 DATE OF INSPECTION 12/9/2024

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129. (f)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm	<input type="checkbox"/> (f)(3)	Linens/clothing stored individually
<input type="checkbox"/> 111. (j)	<u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child	<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(1)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> 130. (g)(1)	<u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(2)	Playground free from hazards	<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(3)	Nuts, bolts, screws-tight, covered/protected	<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(4)	Outside equipment anchored-anchors buried	<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (h)(5)	New equip- cert play. Inspection upon request	<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> (h)(6)	Drinking water available/accessible	<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> (h)(8)	Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (h)(9)	<u>OUTDOOR PROTECTED/FENCING</u> Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 112. (h)(7)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 113. (h)(7)(A)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (h)(7)(B)	Rooftop play areas-6 ft. wall/barrier	<input type="checkbox"/> 131. (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> (h)(7)(C)	<u>WATER HAZARDS</u> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/> 132. (h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 114. (i)	Wading pools prohibited	<input type="checkbox"/> 133. (h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<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. (j)	<u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan- developmentally appropriate	<input type="checkbox"/> 137. (l)(1)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 116. (a)	<u>EDUCATIONAL REQUIREMENTS</u> 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 type="checkbox"/> 138. (l)(2)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> (1)-(11)	Limited access to screen time/video games	<input type="checkbox"/> 139. (l)(3)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> (b)			Baby food served from dish or whole jar
			Bottles labeled with child's name
			Outdoor spaced fenced-4 ft lic. after 1/1/25
			Outdoor equipment-developmentally appropriate for ages of the children
			Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. (c)(1)	Activities not a duplication of child's day
<input type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 121. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 122. (d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 143. (d)	Ratio- 1:15
<input type="checkbox"/> 123. (d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 144. (e)	Group size- max. 30
<input type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 146. (g)	Head teacher approved- 60%
<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. (e)(1)	<u>DIAPERING</u> 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		

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

PROGRAM NAME <i>Wooden Farm - YWCA Children Center</i>		LICENSE NUMBER <i>13408</i>	DATE OF INSPECTION <i>12/9/2024</i>
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>		MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>	
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> (i)-(iii)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified	<input type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 156. (b)(10)	Local health approval		
ADMINISTRATION OF MEDICATIONS 19a-79-9a <i>Y/N</i>		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <i>N/A</i>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<i>N/A</i>	
<input checked="" type="checkbox"/> 159.	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<i>Discussed new regulations</i>	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160.	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage <i>N/A</i>		
SIGNATURE OF OEC STAFF <i>Bridget L. Mercuri</i>		SIGNATURE OF PERSON IN CHARGE <i>Susan Marklinsky</i>	
PRINTED NAME <i>BRIDGET L. MERCURI</i>		PRINTED NAME <i>Susan Marklinsky</i>	
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: <i>12/23/2024</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YWCA Children Center License # 13408 Date: 12/9/2024

Observations/Corrections needed:

- #14- observed no documentation of 2.8yr old enrollment for 1 child
- #33(h)(1): observed no documentation of new employee orientation for 3 staff, annual review for 6 staff and documentation of professional development for 4 children
- #34(4)(C)(i): observed no identification for non swimmers
- #40- observed no staff signatures on all individual care plans and complete care plan for 1 child in PS1
- #69(c)(5)(A): observed lead water test to be more than 2 years
- #34(c)(1): observed no wall mounted thermometer for PS3
- #88- observed stained ceiling tiles in upstairs ladies room and PS1, dusty vents in PS bathrooms and PS1
- #111(h)(3): observed black fiber matting on walkway to playground exposed
- #161- observed parent section to be incomplete on Aarvi-Q and Benadryl authorization forms in PS1

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: BENDEE L. HECKRILL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/23/2024

Signature: [Signature]
(Person in Charge)

Print Name: Susan Marklinsky