



**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 Children's Center	Date of Inspection:	12/12/24	Time of Arrival:	9:40
Address:	57 Grassy Plain St.	License Number:	13501	Expiration Date:	4/30/26
Town:	Bethel	Telephone Number:	203744	Summer Care:	Open
Operator:	Regional Ymca of Western CT	# of Staff Present:	13	# over 3 Present:	57
Email:	mburbage@regionalymca.org	Total Capacity:	192	Total Under 3 capacity:	0
Designated Director:	Michele Burbage Halberg	Hours/Days of Operation:	M-F 7:30-5:30		

**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**

1. (c)(8) Local Health Inspection-Date: 4/1/24

**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 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.	<b><u>POLICIES-COMplete/IMPLEMENTED</u></b>
<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)	<u>Multi-Hazards policy-annual drill</u>
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	<u>Administrative Oversight policy</u>
<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.	<b><u>ACCESS</u></b>
<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 checked="" type="checkbox"/> 18.	<b><u>POSTINGS</u></b>
<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 type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input type="checkbox"/> (e)(6)	Developmental Milestones posted

**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 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.	<b><u>RATIOS</u></b>
<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.	<b><u>GROUP SIZE</u></b>
<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.	<b><u>PROFESSIONAL DEVELOPMENT</u></b>
<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"/> 34.	<b><u>SWIMMING ACTIVITIES - <input checked="" type="checkbox"/> Y/N</u></b>
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	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"/> 35.	<b><u>CONSULTANTS</u></b>
<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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	n/a

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

<b>PROGRAM NAME</b>	Ymca Children's Center	<b>LICENSE NUMBER</b>	13501	<b>DATE OF INSPECTION</b>	12/12/24
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<b>RECORD KEEPING 19a-79-5</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<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
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input 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.		<b>TOILETING</b>
<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)	<b>AIR TEMPERATURE</b>
<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)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(e)(4)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>		(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>		(e)(7)	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)	<b>LIGHTING</b>
<input checked="" type="checkbox"/>		(e)(9)	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)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: <u>2/2/24</u> N/A
<input checked="" type="checkbox"/>		(f)(1)(A)	Results posted-Date: <u>2.0</u> (Schls-N/A)
<input checked="" type="checkbox"/>		(g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		(g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>		(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>			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 N/A
<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>                    </u> (N/A)
<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	(c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/>	83.	(d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	84.		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	85.	(e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	86.	(e)(3)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	87.	(e)(4)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	88.	(e)(5)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	89.	(e)(5)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	90.	(e)(6)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	91.	(e)(7)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	92.	(e)(7)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	93.	(e)(7)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	94.	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		(e)(8)	Working phone on each level
<input checked="" type="checkbox"/>		(e)(9)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		(e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		(e)(10)	<b>LIGHTING</b>
<input checked="" type="checkbox"/>		(e)(11)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(12)	Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(13)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		(e)(14)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(15)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(16)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		(e)(17)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		(e)(18)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		(e)(19)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		(e)(20)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		(e)(21)	Radon test- Results: <u>2/2/24</u> N/A
<input checked="" type="checkbox"/>		(e)(22)	Results posted-Date: <u>2.0</u> (Schls-N/A)
<input checked="" type="checkbox"/>		(f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>		(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>		(g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>			Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>2/1/24</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)	<b>WATER SUPPLY</b> - Public/Well (Schools N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: <u>2/2/24</u> N/A
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: <u>                    </u> N/A
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(c)(6)(B-D)	<b>LEAD PAINT</b>
<input checked="" type="checkbox"/>			Peeling Paint <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/>			Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
<input checked="" type="checkbox"/>			Results <u>                    </u>
<input checked="" type="checkbox"/>	71.	(d)(1)	Lead Management Plan <u>annual</u>
<input checked="" type="checkbox"/>			Emergency vehicle access

<input checked="" type="checkbox"/>	95.	(e)(10)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	96.	(e)(11)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	97.	(e)(12)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	98.	(e)(13)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	100.	(e)(16)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	101.	(e)(17)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	102.	(e)(18)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	104.	(g)(1)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	105.	(g)(2)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	106.	(g)(3)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	107.	(g)(4)	Working phone on each level
<input checked="" type="checkbox"/>			Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>			Parents provided direct on site phone number
<input checked="" type="checkbox"/>			<b>LIGHTING</b>
<input checked="" type="checkbox"/>			All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>			Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>			Schl age only-lighting for comfort
<input checked="" type="checkbox"/>			Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>			Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>			Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>			Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>			Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>			Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>			Prevention of vermin-openings screened
<input checked="" type="checkbox"/>			Radon test- Results: <u>2/2/24</u> N/A
<input checked="" type="checkbox"/>			Results posted-Date: <u>2.0</u> (Schls-N/A)
<input checked="" type="checkbox"/>			Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>			Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>			Developmentally app equipment, materials

PROGRAM NAME	Ymca Children's Center	LICENSE NUMBER	13501	DATE OF INSPECTION	12/2/24
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**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"/>	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.		<b>OUTDOOR SPACE</b>
<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 playg. 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.		<b>OUTDOOR PROTECTED/FENCING</b>
<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
			<b>WATER HAZARDS</b>
<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
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input type="checkbox"/>	129.		<b>LINENS/CLOTHING</b>
<input type="checkbox"/>		(f)(1)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(2)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(3)	Linens/clothing stored individually
<input type="checkbox"/>		(f)(4)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>	130.		<b>SAFE SLEEP</b>
<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.		<b>FEEDING</b>
<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

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<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

**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 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.		<b>DIAPERING</b>
<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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<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 type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	144.	(e)	Ratio- 1:15
<input type="checkbox"/>	145.	(f)	Group size- max. 30
<input 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**

<b>PROGRAM NAME</b>	Ymca children's Center	<b>LICENSE NUMBER</b>	13501	<b>DATE OF INSPECTION</b>	12/12/24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> 147. (b) Approved Night Care Endorsement <input type="checkbox"/> 148. (b)(1) Person in charge-head teacher <input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities <input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation <input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24 <input type="checkbox"/> 152. (b)(5) Staff awake and available <input type="checkbox"/> 153. <u>SLEEP PROVISIONS</u> <input type="checkbox"/> (b)(6) Individual cot/crib with bedding <input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled <input type="checkbox"/> (b)(6)(B) Required bedding <input type="checkbox"/> (b)(6)(C) Required toiletries <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 type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified <input type="checkbox"/> 156. (b)(10) Local health approval	<input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures <input checked="" type="checkbox"/> 172. <u>STAFF TRAINING</u> <input checked="" type="checkbox"/> (b)(1)(A) Staff training – first aid <input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions <input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years <input checked="" type="checkbox"/> (b)(3) Written documentation of training <input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present <input checked="" type="checkbox"/> 173. (c)(3) Self-administration - written authorization and under supervision of trained staff <input checked="" type="checkbox"/> 174. (d)(1) Equipment provided by parents <input checked="" type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible <input checked="" type="checkbox"/> 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded <input checked="" type="checkbox"/> 177. (e)(1) Authorized prescriber written order <input checked="" type="checkbox"/> 178. (e)(2) Written authorization from parent <input type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures <input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes <input checked="" type="checkbox"/> 159. <u>NONPRESC. TOPICAL MEDICATION</u> <input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors <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. <u>MEDICATION TRAINING</u> <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 N/A	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
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**DISCUSSIONS - COMMENTS**

items marked with a check mark were either in compliance or discussed at visit. reviewed new regulations at visit including updated policies, consultant agreements, employment verification and health and safety training

~~discussed lead management plan - discussed~~

Lead management plan - discussed

<b>SIGNATURE OF OEC STAFF</b>	Jaime Fortin	<b>SIGNATURE OF PERSON IN CHARGE</b>	MBU
<b>PRINTED NAME</b>	Jaime Fortin	<b>PRINTED NAME</b>	Michele Burbage - Halboff

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 12/26/24 CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ymca Children's Center License # 13501 Date: 12/12/24

Observations/Corrections needed:

① Local health inspection not current

④① 1 care plan not signed by staff

④⑥ 1 emergency medication on site expired 11/24.

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: Jaime Fortin  
Print Name: Jaime Fortin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/26/24

Signature: MBH  
Print Name: Michele Burbage - Halberg  
(Person in Charge)