



**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 SACC at Flanders School	Date of Inspection:	1-6-25	Time of Arrival:	2:50 pm
Address:	100 Victoria Court	License Number:	16016	Expiration Date:	2/28/26
Town:	Southington	Telephone Number:	860-426-9587	Summer Care:	closed
Operator:	Southington Cheshire Community YMCA	# of Staff Present:	4	# over 3 Present:	26
Email:	ncharnysh@sccymca.org	Total Capacity:	69	Total Under 3 capacity:	0
Designated Director:	Nick Charnysh	Hours/Days of Operation:	M-F 3:00-6:00 pm		

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: 1/18/24

ADMINISTRATION 19a-79-3a

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

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

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

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
YMCA SACC at Flanders School		16016		1.6.25	
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"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days			Toileting needs met
HEALTH and SAFETY 19a-79-6a			<input checked="" type="checkbox"/> (d)(10)(A)		Toileting needs met
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> (d)(10)(B)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(D)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(E)		Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(10)(F)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (d)(10)(G)		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only <u>N/A</u>)	<input checked="" type="checkbox"/> (d)(10)(H)		Staff personal articles inaccessible
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	(d)(11)		AIR TEMPERATURE
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 83.		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only <u>N/A</u>)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 84.		Air temp <65°F comfortable (Schl age only <u>N/A</u>)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 85.		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
			<input checked="" type="checkbox"/> 89.	(e)(5)	Rugs- not tripping/slipping hazard
			<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
			<input type="checkbox"/> 91.	(e)(7)	Working phone on each level
			<input type="checkbox"/> 92.	(e)(7)	Emergency numbers posted-adjacent to phones
			<input type="checkbox"/> 93.	(e)(7)	Parents provided direct on site phone number
			<input checked="" type="checkbox"/> 94.		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
			<input checked="" type="checkbox"/> 95.		Garbage/rubbish-disposed of daily, containers in good repair
			<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails
			<input checked="" type="checkbox"/> 97.	(e)(12)	Toxic plants/materials inaccessible
			<input checked="" type="checkbox"/> 98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
			<input checked="" type="checkbox"/> 99.	(e)(14-15)	Prevention of vermin-openings screened
			<input checked="" type="checkbox"/> 100.	(e)(16)	Radon test- Results: <u>N/A</u>
			<input checked="" type="checkbox"/> 101.	(e)(17)	Results posted-Date: _____ (Schls-N/A)
			<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
			<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
			<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
			<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials
PHYSICAL PLANT 19a-79-7a					
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8126124</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) <u>(N/A)</u>			
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals			
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well <u>(Schools-N/A)</u>			
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ N/A			
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A			
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible			
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>management plan</u> Lead Management Plan <u>every 6 months</u>			
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access			

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

PROGRAM NAME	YMCA SACC at Flanders School	LICENSE NUMBER	16 016	DATE OF INSPECTION	1.6.25
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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 type="checkbox"/>	129.		<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)(1)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/>		(f)(2)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>	<input type="checkbox"/>	130.	(f)(3)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child	<input type="checkbox"/>		(f)(4)	<u>SAFE SLEEP</u>
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"	<input type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards	<input type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(h)(4)	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)(5)	Outside equipment anchored-anchors buried	<input type="checkbox"/>		(g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. 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)(8)	Drinking water available/accessible	<input type="checkbox"/>		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>		(h)(9)	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"/>	112.		<u>OUTDOOR PROTECTED/FENCING</u>	<input type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/>	131.	(g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/>	132.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/>	133.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>	<input type="checkbox"/>	134.	(h)(2)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A	<input type="checkbox"/>	135.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited	<input type="checkbox"/>	136.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/>		(j)	<u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

EDUCATIONAL REQUIREMENTS 19a-79-8a	
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<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/>	137.		
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input type="checkbox"/>	138.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<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 type="checkbox"/>	139.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games	<input type="checkbox"/>		(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 <u>Y/N</u>	SCHOOL AGE ENDORSEMENT 19a-79-11 <u>Y/N</u>
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<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>
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<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)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities				Head teacher approved- 60%
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/>	128.		<u>DIAPERING</u>				
<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				

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

PROGRAM NAME	Ymca SACC at Flanders	LICENSE NUMBER	16016	DATE OF INSPECTION	1.6.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 174. (d)(1) Equipment provided by parents
- 175. (d)(2) Equipment labeled and inaccessible
- 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 177. (e)(1) Authorized prescriber written order
- 178. (e)(2) Written authorization from parent
- 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

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution–permission and storage (N/A)

180. - n/a Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF	Betty Mayer
PRINTED NAME	Betty Mayer

SIGNATURE OF PERSON IN CHARGE	Wendy G.P Fisher
PRINTED NAME	Wendy G.P Fisher

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: 1/20/24
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA SACC at Flanders License # 16016 Date: 1.6.25
School

Observations/Corrections needed:

Program not in compliance when...

#24 Designated Head Teacher not observed. (Send interim Head teacher plan).

#161 medication authorization for child with .15 dosage of epipen is for .3 (adult size) epipen.

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: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 1/20/24

Print Name: Wendy G.P. Fisher