

**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 Hatton School	Date of Inspection:	1.24.25	Time of Arrival:	3:10 pm
Address:	50 Spring St.	License Number:	16097	Expiration Date:	2/28/29
Town:	Southington	Telephone Number:	475-316 7452	Summer Care:	closed
Operator:	Southington Cheshire Comm. YMCA	# of Staff Present:	6	# over 3 Present:	34
Email:	ncharnysh@sccymca.org	Total Capacity:	60	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

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

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff
RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors
GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff
PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y(N)
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising
CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	
Dietitian	n/a	n/a	

PROGRAM NAME	YMCA SACC at Hatton School	LICENSE NUMBER	16097	DATE OF INSPECTION	1-24-25
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RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission 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

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 _____ 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.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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.	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -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>8127124</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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible <u>LEAD PAINT</u> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan <u>n/a</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

<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.		<u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F)	<u>AIR TEMPERATURE</u> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	<u>LIGHTING</u> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: _____ (N/A) Results posted-Date: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
<input checked="" type="checkbox"/> 85.	<input checked="" type="checkbox"/> (e)(1)	
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2)	
<input checked="" type="checkbox"/> 87.	(e)(3)	
<input checked="" type="checkbox"/> 88.	(e)(4)	
<input checked="" type="checkbox"/> 89.	(e)(5)	
<input checked="" type="checkbox"/> 90.	(e)(5)	
<input checked="" type="checkbox"/> 91.	(e)(6)	
<input checked="" type="checkbox"/> 92.	(e)(7)	
<input checked="" type="checkbox"/> 93.	(e)(7)	
<input checked="" type="checkbox"/> 94.	(e)(7)	
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)	
<input checked="" type="checkbox"/> 97.	(e)(11)	
<input checked="" type="checkbox"/> 98.	(e)(12)	
<input checked="" type="checkbox"/> 99.	(e)(13)	
<input checked="" type="checkbox"/> 100.	(e)(14-15)	
<input checked="" type="checkbox"/> 101.	(e)(16)	
<input checked="" type="checkbox"/> 102.	(e)(17)	
<input checked="" type="checkbox"/> 103.	(e)(18)	
<input checked="" type="checkbox"/> 104.	(f)(1)(A)	
<input checked="" type="checkbox"/> 105.	(g)(1)	
<input checked="" type="checkbox"/> 106.	(g)(2)	
<input checked="" type="checkbox"/> 107.	(g)(3)	
<input checked="" type="checkbox"/> 108.	(g)(4)	

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

PROGRAM NAME	YMCA SACC at Hatton School	LICENSE NUMBER	16 097	DATE OF INSPECTION	1.24.25
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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 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. <u>OUTDOOR SPACE</u> <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. <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (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"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <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. <input type="checkbox"/> (f)(1) <input type="checkbox"/> (f)(2) <input type="checkbox"/> (f)(3) <input type="checkbox"/> (f)(4) <input type="checkbox"/> 130. <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> 131. <input type="checkbox"/> (g)(2) <input type="checkbox"/> (g)(3) <input type="checkbox"/> 132. <input type="checkbox"/> (g)(4) <input type="checkbox"/> (g)(5) <input type="checkbox"/> 133. <input type="checkbox"/> (g)(6) <input type="checkbox"/> (g)(7) <input type="checkbox"/> (g)(8) <input type="checkbox"/> 134. (h)(1) <input type="checkbox"/> (h)(1) <input type="checkbox"/> (h)(2) <input type="checkbox"/> (h)(2) <input type="checkbox"/> 135. (i)(1)(2A-C) <input type="checkbox"/> 136. <input type="checkbox"/> (j) <input type="checkbox"/> (k)(1) <input type="checkbox"/> (k)(2) <input type="checkbox"/> (k)(3) <input type="checkbox"/> (k)(4) <input type="checkbox"/> (k)(5) <input type="checkbox"/> 137. (l)(1) <input type="checkbox"/> 138. (l)(2) <input type="checkbox"/> 139. (l)(3)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing 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 ¼ "-or measures in place to ensure their health & safety
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EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115. (a) Written daily/weekly educational plan-developmentally appropriate <input checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u> <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 <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 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. <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	<input checked="" type="checkbox"/> 140. (b) <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e) <input checked="" type="checkbox"/> 145. (f) <input checked="" type="checkbox"/> 146. (g)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME: YMCA SACC at Hatton School LICENSE NUMBER: 16097 DATE OF INSPECTION: 1.24.25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N (N) MONITORING OF DIABETES 19a-79-13 Y/N (N)

- 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
- 173. (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

NO violations

SIGNATURE OF OEC STAFF: Betty mayer
 PRINTED NAME: Betty Mayer

SIGNATURE OF PERSON IN CHARGE: [Signature]
 PRINTED NAME: Samantha Lamkin J.

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