



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER INSPECTION REPORT

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

Wilson Gray YMCA Youth and Family Center		1/21/25	9:25am
444 Albany Ave		70713	7/30/27
Hartford, Ct 06120		860-241-9622	Open
YMCA of Metropolitan Hartford	# of Staff Present: 3	# over 3 Present: 1	# under 3 Present: 7
Kayla Miner@ghymca.org	Total Capacity: 44	Total Under 3 capacity: 24	Ages 6 weeks Served: 5 years
Kayla Miner		M-F 7:00am-6:00pm	

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

LICENSURE PROCEDURES 19a-79-25

- 1. (c)(8) Local Health Inspection-Date: 11/29/23
- 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

STAFFING and CONSULTANTS 19a-79-30

- 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
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 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
 - (b)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - MN**
 - (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
 - (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wilson Gray YMCA Youth and Family Center

LICENSE NUMBER 70713

1/21/25

RECORD KEEPING 19a-79-6a

<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)	<u>PARENT PERMISSIONS</u> Emergency medical permission
	<input 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

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 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>4/1/24</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 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)	<u>WATER SUPPLY</u> <u>Public Well</u> (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>1/18/24</u>
	<input type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u> </u> 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)	<u>LEAD PAINT</u> - Peeling Paint - Y/N Inside/Outside Building Pre-78 <u>Y/N</u> Lead Test <u>Y/N</u> Results <u> </u>
<input checked="" type="checkbox"/>	71. (d)(1)	Lead Management Plan <u> </u>
		Emergency vehicle access <u> </u>

<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. <input checked="" type="checkbox"/> (d)(10)(A)	<u>TOILETING</u> 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 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 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"/>	83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84. <input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u> 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)	<u>LIGHTING</u> 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
	<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>1/18/23</u> N/A
	<input checked="" type="checkbox"/> (e)(18)	Results posted-Date: <u>0:30G/L</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)(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

PROGRAM NAME: **Wilson Gray YMCA Youth and Family Center**

LICENSE NUMBER: **70713**

DATE: **1/21/25**

PHYSICAL PLANT 19a-79-10 cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. FENCES
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. ROOFTOP PLAY AREAS
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- WATER HAZARDS
 - (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
 - (i) Wading pools prohibited
 - (j) Hot tubs/spas/saunas-locked/inaccessible N/A

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

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (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
 - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

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

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

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

PROGRAM NAME	Wilson Gray YMCA Youth and Family Center	LICENSE NUMBER	70713	DATE OF INSPECTION	1/21/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (19aa-79aa) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		<u>STAFF TRAINING</u>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training
<input type="checkbox"/>	153.		<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input checked="" type="checkbox"/>	156.	(b)(10)	Local health approval				

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"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				(N/A)

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	<p>→ Policy update (New regulations)</p> <p>→ 1 stained ceiling tile.</p>			
<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.	(b)(1)(A/C)	<u>MEDICATION TRAINING</u>				
<input checked="" type="checkbox"/>		(b)(1)(D)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(E)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(C)	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				

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Johanne Dabo	PRINTED NAME	

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: CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wilson Gray, YMCA Youth and Family Center License # 70713 Date: 1/21/25

Observations/Corrections needed:

→ Regulation was not in compliance when...

#35 (i)(2)(A-H) Observed 3 consultant agreements missing required services.

#66 (c)(2) Observed 2 cubbies not secured (Preschool), 3 dramatic play furniture not secured (Preschool), 2 tall tables on shelves accessible to children not secured (under 3 classes), and 1 shelf next to door not secured.

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]

Print Name: Johanne Palo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/4/25

Signature: [Signature]

Print Name: Kayla Miner
(Person in Charge)