

**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 Little Scholars	Date of Inspection:	1-22-25	Time of Arrival:	9:35 am
Address:	2150 Corbin Ave	License Number:	70509	Expiration Date:	8/31/27
Town:	New Britain 06053	Telephone Number:	860-612-6314	Summer Care:	open
Operator:	Meriden-New Britain-Berlin YMCA	# of Staff Present:	9	# over 3 Present:	10
Email:	tvalentin@meridenymca.org	Total Capacity:	49	Total Under 3 capacity:	32
Designated Director:	Tina Valentin	Hours/Days of Operation:	M-F 7:00 am to 5:30 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: _____

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-79-4a 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
 - (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	

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

PROGRAM NAME	YMCA Little Scholars	LICENSE NUMBER	70509	DATE OF INSPECTION	1.22.25
RECORD KEEPING 19a-79-5			PHYSICAL PLANT 19a-79-7a cont.		
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) <input checked="" type="checkbox"/> 37. (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) <input type="checkbox"/> 38. (a)(2)(A-B) <input checked="" type="checkbox"/> 39. (a)(2)(C) <input checked="" type="checkbox"/> 40. (a)(2)(E) <input checked="" type="checkbox"/> 41. (a)(3)(A) <input checked="" type="checkbox"/> 42. (a)(3)(B) <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) <input checked="" type="checkbox"/> 44. (a)(3)(D) <input checked="" type="checkbox"/> 45. (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days ✗	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (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) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) <input checked="" type="checkbox"/> (e)(11) <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors–locking devices, spring protectors N/A Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A) <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 <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 <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: <u>.7</u> N/A Results posted-Date: <u>11/17/08</u> (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	
HEALTH and SAFETY 19a-79-6a					
<input checked="" type="checkbox"/> 46. (a)(1) <input checked="" type="checkbox"/> 47. (a)(2) <input checked="" type="checkbox"/> 48. (a)(3) <input checked="" type="checkbox"/> 49. (a)(4) <input checked="" type="checkbox"/> 50. (a)(5) <input checked="" type="checkbox"/> 51. (a)(6) <input checked="" type="checkbox"/> 52. (a)(7) <input checked="" type="checkbox"/> 53. (a)(8) <input checked="" type="checkbox"/> 54. (a)(9) <input checked="" type="checkbox"/> 55. (a)(10) <input checked="" type="checkbox"/> 56. (a)(11) <input checked="" type="checkbox"/> 57. (b)(1) <input checked="" type="checkbox"/> 58. (b)(2) <input checked="" type="checkbox"/> 59. (c) <input checked="" type="checkbox"/> 60. (c) <input checked="" type="checkbox"/> 61. (d)	Preparation, transportation of food-follow DPH Model Food Code N/A Nutritious meals and snacks Proper refrigeration–41 degrees Menus–1 wk in advance- keep 3 mths Food Service Inspection <u>N/A</u> Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing–staff/children Illness procedures–staff knowledgeable, children observed for signs/symptoms Designated isolation area <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <u>FIRST AID SUPPLIES</u> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.			
PHYSICAL PLANT 19a-79-7a					
<input checked="" type="checkbox"/> 62. (a)(2) <input checked="" type="checkbox"/> 63. (b) <input checked="" type="checkbox"/> 64. (b)(1)-(5) <input checked="" type="checkbox"/> 65. (b)(6) <input checked="" type="checkbox"/> 66. (c)(2) <input checked="" type="checkbox"/> 67. (c)(3) <input checked="" type="checkbox"/> 68. (c)(4) <input checked="" type="checkbox"/> 69. (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) <input checked="" type="checkbox"/> 71. (d)(1)	Fire marshal codes/certificate <u>12/30/24</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips–written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>N/A</u> Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> – Public/Well (Schools-N/A) Lead Water Test – Date: <u>8/23/23</u> Bact./Chem Test-Date: <u>n/a</u> <u>N/A</u> Drinking water available/accessible <u>LEAD PAINT</u> - Peeling Paint – Y <u>N</u> Inside/Outside Building Pre-78: Y <u>N</u> Lead Test: Y <u>N</u> Results _____ Lead Management Plan <u>n/a</u> _____ Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.			

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

PROGRAM NAME YMCA Little Scholars		LICENSE NUMBER 70509	DATE OF INSPECTION 1.22.25
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.	
<input checked="" type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(2)
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)
<input checked="" type="checkbox"/> 111.	OUTDOOR SPACE		<input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> (g)(1)	<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)	<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(2)	<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(3)	<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(4)	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> (g)(5)	<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(6)	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(7)	<input checked="" type="checkbox"/> (g)(7)
<input checked="" type="checkbox"/> 112. (h)(7)	OUTDOOR PROTECTED/FENCING	<input checked="" type="checkbox"/> (g)(8)	<input checked="" type="checkbox"/> (g)(8)
<input checked="" type="checkbox"/> 113. (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (h)(1)	<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131. (h)(1)	<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132. (h)(1)	<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> 114. (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input checked="" type="checkbox"/> 133. (h)(2)	<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> (i)	WATER HAZARDS	<input checked="" type="checkbox"/> 134. (h)(2)	<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input checked="" type="checkbox"/> 135. (i)(1)(2A-C)	<input checked="" type="checkbox"/> (i)(1)(2A-C)
<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136. (j)	<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A	<input checked="" type="checkbox"/> (k)(1)	<input checked="" type="checkbox"/> (k)(1)
EDUCATIONAL REQUIREMENTS 19a-79-8a ★		<input checked="" type="checkbox"/> (k)(2)	<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> (k)(3)	<input checked="" type="checkbox"/> (k)(3)
<input checked="" type="checkbox"/> 116. (a)	EDUCATIONAL REQUIREMENTS	<input checked="" type="checkbox"/> (k)(4)	<input checked="" type="checkbox"/> (k)(4)
<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"/> (k)(5)	<input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 137. (l)(1)	<input checked="" type="checkbox"/> (l)(1)
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		<input checked="" type="checkbox"/> 138. (l)(2)	<input checked="" type="checkbox"/> (l)(2)
<input checked="" type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 139. (l)(3)	<input checked="" type="checkbox"/> (l)(3)
<input checked="" type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	
<input checked="" type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> 141. (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 121. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 142. (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 123. (d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> (e)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 143. (d)	Ratio- 1:15
<input checked="" type="checkbox"/> 126. (d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 144. (e)	Group size- max. 30
<input checked="" type="checkbox"/> 127. (d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/paren
<input checked="" type="checkbox"/> 128. (e)(1)	DIAPERING	<input checked="" type="checkbox"/> 146. (g)	Head teacher approved- 60%
<input checked="" type="checkbox"/> (e)(2)	Diaper area: elevated/sturdy/safety rail		
<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area		
<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair		
<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use		
<input checked="" type="checkbox"/> (e)(6)(9)	Diaper area: disposable paper sheets		
<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily		
<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children		
<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed		
	Cloth diapers-written plan developed		

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

PROGRAM NAME	YMCA Little Scholars	LICENSE NUMBER	70509	DATE OF INSPECTION	1.22.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/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. SLEEP PROVISIONS <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 type="checkbox"/> 171. (a)(1) Written policies and procedures <input type="checkbox"/> 172. STAFF TRAINING <input type="checkbox"/> (b)(1)(A) Staff training – first aid <input type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions <input type="checkbox"/> (b)(2) Training updated at least every 3 years <input type="checkbox"/> (b)(3) Written documentation of training <input type="checkbox"/> (c)(2) Trained staff on site when child is present <input type="checkbox"/> (c)(3) Self-administration - written authorization and under supervision of trained staff <input type="checkbox"/> 173. (c)(3) Equipment provided by parents <input type="checkbox"/> 174. (d)(1) Equipment labeled and inaccessible <input type="checkbox"/> 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded <input type="checkbox"/> 176. (d)(3) Authorized prescriber written order <input type="checkbox"/> 177. (e)(1) Written authorization from parent <input type="checkbox"/> 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily <input type="checkbox"/> 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<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 type="checkbox"/> 159. NONPRESC. TOPICAL MEDICATION <input 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. MEDICATION TRAINING <input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant <input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication <input checked="" type="checkbox"/> (b)(1)(E) Rectal medication <input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector <input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates <input checked="" type="checkbox"/> (b)(2)(C) Training outline on file <input checked="" type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission <input checked="" type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification <input checked="" type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR) <input checked="" type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage <input checked="" type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible <input checked="" type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned <input checked="" type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment <input checked="" type="checkbox"/> 168. (b)(6) Self-administration documentation <input checked="" type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization <input checked="" type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A	<input type="checkbox"/> 180. - n/a Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

* items new regulation / discussed. (refer to 1/14/25 email)

- policies to be updated within year
- consultant contracts to be updated.
- *FULL* safe sleep policy to be posted
- medication training certificate to be updated.

SIGNATURE OF OEC STAFF	Betty Mayer	SIGNATURE OF PERSON IN CHARGE	Sharen A. Ames
PRINTED NAME	Betty Mayer	PRINTED NAME	Sharen A. Ames

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 2/1/25 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: YMCA Little Scholars License # 70509 Date: 1.22.25Observations/Corrections needed: Program not in compliance when...#1 local health inspection not complete.#2 program enrolled a child at three weeks old. State regulation requires infants to be 6 weeks old prior to starting in child care.#38 one child's physical expired. One child's physical not observed.#117 program enrolled a child at 3 weeks. Under 3 endorsement for children 6 weeks to 24 months.#128 Diapering and handwashing policy not posted in Toddler C.#130 (g)(1) observed 4 loose crib sheets in infant room.#159 (a)(2) Five diaper creams in toddler B without parent permission.Discussed: ① medication authorization states to give 3-4 puffs of albuterol. Staff gave child 2 puffs.② playground covered with snow. Program responsible for ensuring 8 inches of impact absorbing material is under climbing equipment.

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: Sharen A. Ames
(Person in Charge)OEC BY: 2/7/25Print Name: Sharen A. Ames