

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

Youth for Change After School Program Inc
267 Barlow St
Hartford Ct 06120
Youth for Change After School Program Inc
affordablelearninghartford@gmail.com
Nicole Perry

12/19/24
Pending
of Staff Present: — # over 3 Present: — # under 3 Present: —
Total Capacity: — Total Under 3 capacity: — Ages Served: 5-12 yrs.
Hours of Operation: 6:00-9:00 / 2:00-6:00 School / 6:00-6:00 Summer + Holidays

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

METRIC AND CHECKLIST 12-19-24		STAFFING and CONSULTANTS 12-19-24	
<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: 8/23/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
ADMINISTRATION 12-19-24		<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group—ratios
<input checked="" type="checkbox"/> 11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 12. (d)(2)(B)-C)	Discipline policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> 13. (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 14. (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> 15. (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> 16. (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> 17. (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director—training
<input checked="" type="checkbox"/> 18. (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 37. (f)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19. (d)(6)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38. (a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 20. (d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 21. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40. (h)(1)(2)	Documentation
<input checked="" type="checkbox"/> 22. (f)	ACCESS	<input checked="" type="checkbox"/> 41. (4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 23. (h)	Immediate access by parents	<input checked="" type="checkbox"/> 42. (4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 24. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 25. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44. (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 26. (n)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> 45. (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 27. (o)	Capacity	<input checked="" type="checkbox"/> 46. (i)(1)(A)-(D)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 28. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47. (i)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 29. (e)(2)	POSTINGS	<input checked="" type="checkbox"/> 48. (i)(2)(A-H)	CONSULTANTS
<input checked="" type="checkbox"/> 30. (e)(3)	License posted	<input checked="" type="checkbox"/> 49. (F)	Consultants—Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 31. (e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50. (i)(2)	Consultant agreements—signed annually
<input checked="" type="checkbox"/> 32. (e)(5)	Menus posted	<input checked="" type="checkbox"/> 51. (H)(i)-(I)(i)	Agreements complete w/required services
<input checked="" type="checkbox"/> 33. (e)(6)	No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
	OEC Inspection report posted or available		Consultant visits- Education/Health
	Developmental Milestones posted		

	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	N/A		

YOUTH FOR CHANGE ALPINE SCHOOL PROGRAM DINE

PENDING

12/19/24

RECORDS AND INFORMATION

PHYSICAL PLANT 19a-79-7a cont.

<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 type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS 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

<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.		TOILETING

HEALTH AND SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u> </u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<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"/> 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"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)		Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)		Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> (d)(11)		Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)		AIR TEMPERATURE
<input checked="" type="checkbox"/> (e)(1)		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> (e)(2)		Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(3)		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> (e)(5)		Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)		Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)		Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)		Hot water/Steam pipes protected
<input checked="" type="checkbox"/> (e)(7)		Working phone on each level
<input checked="" type="checkbox"/> (e)(7)		Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(7)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(9)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(9)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(10)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(11)		Potentially hazardous substances - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(12)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(13)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(14-15)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(16)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(17)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (e)(18)		Radon test- Results: <u>0.2 pCi/L</u> N/A
<input checked="" type="checkbox"/> (f)(1)(A)		Results posted-Date: <u>11/23/24</u> (Schls-N/A)
<input checked="" type="checkbox"/> (g)(1)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(2)		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(3)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (g)(4)		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/3/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>6/4/24</u> Bact./Chem Test-Date: <u> </u> N/A
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78 <u>Y/N</u> Lead Test <u>Y/N</u> Results <u>Lead identified</u> Lead Management Plan <u>yearly</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

PROGRAM NAME: **Youth LM Change Adult School Program Inc**

LICENSE NUMBER: **Pending**

DATE: **12/19/24**

PHYSICAL PLANT 19a-79-10

UNDER THREE ENDORSEMENT 19a-79-10

<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.		OUTDOOR SPACE
	<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.		OUTDOOR PROTECTED/FENCING
	<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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
		WATER HAZARDS
	<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)	LINENS/CLOTHING
	<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (g)(1)	SAFE SLEEP
	<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles, etc.
	<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
	<input type="checkbox"/> (i)(1)(2A-C)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> 135.		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 136.		Health consultant visits/documentation
	<input type="checkbox"/> (j)	FEEDING
	<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
	<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
	<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
	<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
<input type="checkbox"/> 137.	<input type="checkbox"/> (l)(1)	Bottles labeled with child's name
<input type="checkbox"/> 138.	<input type="checkbox"/> (l)(2)	Bottles spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 139.	<input type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

<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.		DIAPERING
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Young for Change After School LICENSE NUMBER: Pending DATE OF INSPECTION: 12/19/24

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79a) Y/N **MONITORING OF DIABETES 19a-79-13 EN**

<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. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (b)(2)	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)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	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)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	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)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179.	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

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

<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		
<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)	MEDICATION TRAINING		
<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"/> 161. (b)(3)(A-B)	Training outline on file		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation		
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization		
	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	Nicole Perry

OEC DIVISION OF LICENSING Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103 Written Corrective Action Plan Due by: Prior to 1/2/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Youth Change After School Program Inc License # Pending Date: 12/19/24

Observations/Corrections needed:

- Regulation was not in compliance when:

#11 Observed incomplete policies

(d)(2)(A)/(d)(2)(B)-(C)/(d)(3)/(d)(4)(B)/(d)(5)/(d)(6)/(d)(6)(C)/(d)(7)

Measurements

~~(12x8)~~

$(12.89 \times 52.63) - (1.58 \times 2) = 678.41 - 3.16 = 675.25$
Storage

$675.25 \div 35 = 19.29$

OK for 19 school Age

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]
(OEC Representative)

Print Name: Shannon Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: Prior to licensure

Print Name: Maui Perry