

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 Allgrove School Fun Company	Date of Inspection:	1-29-25	Time of Arrival:	2:45 pm
Address:	33 Turkey Hills Rd.	License Number:	15195	Expiration Date:	2/28/29
Town:	East Granby 06026	Telephone Number:	860-653-5524	Summer Care:	closed
Operator:	YMCA of Metropolitan Hartford Inc.	# of Staff Present:	2	# over 3 Present:	20
Email:	amanda.fox@ghymca.org	Total Capacity:	60	Total Under 3 capacity:	0
Designated Director:	Amanda Fox	Hours/Days of Operation:	M-F 3:00-6:00 pm		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

☒ 1. (c)(8) Local Health Inspection-Date: 3/15/22

ADMINISTRATION 19a-79-3a

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☒ 18. | (a)
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(b)(6)
(b)(6)
(b)(7)(A)
(b)(7)(B)

(b)(7)(C)
(b)(7)(E)
(c)(1-4)

☒ (d)(2)(A)
☒ (d)(2)(B-C)
☒ (d)(3)
☒ (d)(4)(A)
☒ (d)(4)(B)
☒ (d)(5)
☒ (d)(6)
☒ (d)(6)(C)
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(d)(1)

☒ (f)
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(n)
(o)

☒ (e)(1)
☒ (e)(2)
☒ (e)(3)
☒ (e)(4)
☒ (e)(5)
☒ (e)(6) | Ensuring health & safety of children
Overall management of program
Employee orientation for new program staff
Annual policy training for program staff
Child behavior management
Documentation that parents were informed of behavior management techniques
Child Protection
Mandated Reporting
Notification of Change
<u>POLICIES-COMplete/IMPLEMENTED</u>
Discipline policy ✓
Child Protection policy
Closing time policy
Medical emergency policy
Multi-Hazards policy-annual drill ✓
Supervision policy
General Operating policies ✓
Administrative Oversight policy
Personnel policies
Daily attendance-children/staff- keep 1 yr.
<u>ACCESS</u>
Immediate access by parents
Immediate access by OEC-facility/records
2.8 yr olds enrolled in preschool-authorization
Motor vehicle laws-transportation
Capacity
Respond to OEC-no false, misleading statements or documents
<u>POSTINGS</u>
License posted
OEC Complaint Procedure posted
Menus posted
No Smoking posted signs at entrances
OEC Inspection report posted or available
Developmental Milestones posted n/a |
|---|---|---|

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

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☒ 35. | (a)(1)
(a)(3)
(b)
(b)(4)
(d)
(d)(1)
(d)(2)
(d)(3)(A-C)

☒ (d)(4)(A)
☒ (d)(4)(B)
☒ (d)(6)
(d)(4)(D)

☒ (d)(5)
☒ (d)(5)(A)
☒ (d)(5)(B)
(e)(1)
(f)(1)
(f)(2)

☒ (a)(2)
☒ (h)(1)(2)
☒ (h)(1)(2)

☒ (4)(C)(ii-v)
☒ (4)(C)(i)
☒ (e)(6)
☒ (e)(6)

☒ (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
<u>RATIOS</u>
Ratio 1:10 – Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors
<u>GROUP SIZE</u>
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
<u>PROFESSIONAL DEVELOPMENT</u>
Documentation
Health & Safety training ✓
1% annual hours
<u>SWIMMING ACTIVITIES - Y/N</u>
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising
<u>CONSULTANTS</u>
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	

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
YMCA Allgrove School Fun Company		15195	1.29.25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
☒ 36. (a)(1)(A-C) Children's Enrollment information ☒ 37. (a)(1)(D)(i) PARENT PERMISSIONS ☒ (a)(1)(D)(ii) Emergency medical permission ☒ (a)(1)(D)(iii) Authorized release permission ☒ (a)(1)(D)(iv) Field trip permission ☒ (a)(1)(D)(iv) Transportation permission ☐ 38. (a)(2)(A-B) Child Health Records ☒ 39. (a)(2)(C) Immunization records ☒ 40. (a)(2)(E) Individual care plan-signed by parents/staff ☒ 41. (a)(3)(A) Injury, Illness, Incident, Accident reports ☒ 42. (a)(3)(B) Parent notification of illness or injury ☒ 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality ☒ 44. (a)(3)(D) Notify DPH, local health-reportable diseases ☒ 45. (a)(4) Video recordings- keep 30 days	☒ 72. (d)(2) Walkways maintained ☒ 73. (d)(3) Windows protected to prevent falls ☒ 74. (d)(3) Window screens (Schl age only-N/A) ☒ 75. (d)(4) Glass and mirrors protected to 36" ☒ 76. (d)(5) Overhead doors-locking devices, spring protectors ☒ 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed ☒ 78. (d)(7) Individual storage of clothing/bedding ☒ 79. (d)(8) Smoking or vaping prohibited on premises/grounds ☒ 80. (d)(8) Matches/lighters inaccessible ☒ 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) ☒ 82. (d)(10)(A) TOILETING ☒ (d)(10)(B) Shared toilets/sinks-supervision plan ☒ (d)(10)(C) Toileting needs met ☒ (d)(10)(C) Potty chairs-nonporous, emptied, disinfected ☒ (d)(10)(C) Required toilets/sinks-1:16 ☒ (d)(10)(D) Required toilets/sinks-1:25 schl age only ☒ (d)(10)(E) Toileting Supplies-Hand drying-Garbage ☒ (d)(10)(E) Handwashing staff/children ☒ (d)(10)(F) Toilets/sinks located-at the facility or licensed premises ☒ (d)(10)(G) Well lighted/ventilated toilet rooms ☒ (d)(10)(H) Mechanical ventilation (Grp Homes N/A) ☒ (d)(11) Staff personal articles inaccessible ☒ (e)(1) AIR TEMPERATURE ☒ (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only-N/A) ☒ (e)(2) Air temp <65°F comfortable (Schl age only-N/A) ☒ (e)(3) Air temp > 80 °F - ↑ fluids/ventilation ☒ (e)(4) Water temperature 60 °F – 120 °F ☒ (e)(5) Portable space heaters prohibited ☒ (e)(5) Walls/ceilings/floors/rugs-clean/good repair ☒ (e)(6) Rugs- not tripping/slipping hazard ☒ (e)(7) Hot water/Steam pipes protected ☒ (e)(7) Working phone on each level ☒ (e)(7) Emergency numbers posted-adjacent to phones ☒ (e)(7) Parents provided direct on site phone number ☒ (e)(8) LIGHTING ☒ (e)(9) All areas min. 1 foot candle of lighting ☒ (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible ☒ (e)(9) Schl age only-lighting for comfort ☒ (e)(10) Light fixtures shielded/shatter proof ☒ (e)(11) Potentially hazardous substances, materials – labeled, inaccessible ☒ (e)(12) Garbage/rubbish-disposed of daily, containers in good repair ☒ (e)(13) Stairs-protected/good repair-handrails ☒ (e)(14-15) Toxic plants/materials inaccessible ☒ (e)(16) Pets or other animals-in good health, written care plan including access to children ☒ (e)(17) Prevention of vermin-openings screened ☒ (e)(18) Radon test- Results: _____ (Schls-N/A) ☒ (f)(1)(A) Results posted-Date: _____ (Schls-N/A) ☒ (g)(1) Carbon monoxide detector-each level N/A ☒ (g)(2) Program space-adequate-35 sq. ft. per child ☒ (g)(3) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust ☒ (g)(4) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) ☒ (g)(4) Air conditioners, water heaters, fuse boxes inaccessible ☒ (g)(4) Developmentally app equipment, materials		
HEALTH and SAFETY 19a-79-6a			
☒ 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A ☒ 47. (a)(2) Nutritious meals and snacks ☒ 48. (a)(3) Proper refrigeration-41 degrees ☒ 49. (a)(4) Menus-1 wk in advance- keep 3 mths ☒ 50. (a)(5) Food Service Inspection N/A ☒ 51. (a)(6) Kitchen-clean, safe storage of food/supplies ☒ 52. (a)(7) Separate hand washing facilities ☒ 53. (a)(8) Multi-use eating/drinking utensils ☒ 54. (a)(9) Kitchen separated (Schl age only N/A) ☒ 55. (a)(10) Children supervised during meal prep ☒ 56. (a)(11) Handwashing-staff/children ☒ 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms ☒ 58. (b)(2) Designated isolation area ☒ 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips ☒ 60. (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 ☒ 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	☒ 83. (e)(3) (e)(4) (e)(5) (e)(6) (e)(7) (e)(7) ☒ 84. (e)(7) ☒ 85. (e)(7) ☒ 86. (e)(7) ☒ 87. (e)(7) ☒ 88. (e)(7) ☒ 89. (e)(7) ☒ 90. (e)(7) ☒ 91. (e)(7) ☒ 92. (e)(7) ☒ 93. (e)(7) ☒ 94. (e)(7) ☒ 95. (e)(11) ☒ 96. (e)(12) ☒ 97. (e)(13) ☒ 98. (e)(14-15) ☒ 99. (e)(16) ☒ 100. (e)(17) ☒ 101. (e)(18) ☒ 102. (f)(1)(A) ☒ 103. (g)(1) ☒ 104. (g)(2) ☒ 105. (g)(3) ☒ 106. (g)(4) ☒ 107. (g)(4)		
PHYSICAL PLANT 19a-79-7a			
☒ 62. (a)(2) Fire marshal codes/certificate 8/27/24 ☒ 63. (b) Indoor/Outdoor space inspected/approved ☒ 64. (b)(1)-(5) Construction/expansion/renovation/conversion ☒ 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission ☒ 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established ☒ 67. (c)(3) Building/Equipment/Furnishings-sanitary hazard free (Schl age only) (N/A) ☒ 68. (c)(4) Testing of premises/grounds for chemicals ☒ 69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) ☒ (c)(5)(B) Lead Water Test – Date: _____ ☒ (c)(5)(C) Bact./Chem Test-Date: _____ ☒ (c)(6)(A) Drinking water available/accessible ☒ (c)(6)(B-D) LEAD PAINT - ☒ (c)(6)(A) Peeling Paint – Y/N Inside/Outside ☒ (c)(6)(B-D) Building Pre-78: Y/N Lead Test: Y/N ☒ (c)(6)(B-D) Results abatement ☒ (c)(6)(B-D) Lead Management Plan n/a ☒ 71. (d)(1) Emergency vehicle access	☒ 100. (e)(16) ☒ 101. (e)(17) ☒ 102. (e)(18) ☒ 103. (f)(1)(A) ☒ 104. (g)(1) ☒ 105. (g)(2) ☒ 106. (g)(3) ☒ 107. (g)(4)		

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

PROGRAM NAME	Ymca Allgrove Fun Company	LICENSE NUMBER	15195	DATE OF INSPECTION	1.29.25
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PHYSICAL PLANT 19a-79-7a 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. ☒ (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
- ☒ (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- ☒ 114. WATER HAZARDS
- ☒ (i) Pools, swimming areas- N/A
- ☒ (i) conforms to 19-13-B33b and 19a-36-B61
- ☒ (i) Wading pools prohibited
- ☒ (i) Hot tubs/spas/saunas-locked/inaccessible N/A

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 cont.

- ☐ 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
- ☐ (h)(1) Infant toys-separate/washed/sanitized daily
- ☐ (h)(1) Toddler toys-washed/sanitized weekly
- ☐ (h)(2) No toys/objects less than 1 1/4 " diameter
- ☐ (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- ☐ 131. Health consultant visits/documentation
- ☐ 132. FEEDING
- ☐ 133. Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
- ☐ 134. Written feeding schedule from parent-updated
- ☐ 135. Unused formula/milk discarded after feedings
- ☐ 136. Clean bottles/disposable bottles/appvd washing
- ☐ (i)(1)(2A-C) Baby food served from dish or whole jar
- ☐ (j) Bottles labeled with child's name
- ☐ (k)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- ☐ (k)(2) Outdoor equipment-developmentally appropriate for ages of the children
- ☐ (k)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
- ☐ (k)(4)
- ☐ (k)(5)
- ☐ (l)(1)
- ☐ (l)(2)
- ☐ (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 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)(Ai-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

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

- ☒ 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	YMCA Allgrove School	LICENSE NUMBER	15195	DATE OF INSPECTION	1.29.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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☐ 147. (b) ☐ 148. (b)(1) ☐ 149. (b)(2) ☐ 150. (b)(3) ☐ 151. (b)(4) ☐ 152. (b)(5) ☐ 153. (b)(6) ☐ 154. (b)(8) ☐ 155. (b)(9) ☐ 156. (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available <u>SLEEP PROVISIONS</u> ☐ (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 ☐ (b)(8) Air temp 65 °F at 3 ft ☐ (b)(9) Fire marshal approval-hours specified ☐ (b)(10) Local health approval	☐ 171. (a)(1) ☐ 172. (b)(1)(A) (b)(1)(B) (i)-(iii) ☐ 173. (c)(3) ☐ 174. (d)(1) ☐ 175. (d)(2) ☐ 176. (d)(3) ☐ 177. (e)(1) ☐ 178. (e)(2) ☐ 179. (e)(3)	Written policies and procedures <u>STAFF TRAINING</u> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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☒ 157. (9a) ☒ 158. (9a) ☒ 159. (a)(2) (a)(3)(A-B) (a)(3)(C) ☒ 160. (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) ☒ 161. (b)(3)(A-B) ☒ 162. (b)(3)(D) ☒ 163. (b)(4)(A-B) ☒ 164. (b)(5)(A-B) ☒ 165. (b)(5)(C) ☒ 166. (b)(5)(D) ☒ 167. (b)(5)(E) ☒ 168. (b)(6) ☒ 169. (b)(7)(A-B) ☒ 170. (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <u>NONPRESC. TOPICAL MEDICATION</u> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <u>MEDICATION TRAINING</u> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage N/A	☐ 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

*items new regulation. Review email from 1/14/25 -consultant contracts to be updated. -policies to be updated with in one year.
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SIGNATURE OF OEC STAFF	Betty mayer	SIGNATURE OF PERSON IN CHARGE	Korey Larsen
PRINTED NAME	Betty Mayer	PRINTED NAME	Korey Larsen

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: 2/12/25	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 Allgrove ^{Fun} Company License # 15195 Date: 1.29.25

Observations/Corrections needed:

#1 local health inspection expired.

#19 one staff physical not observed.

#22 ~~Evidence of comprehensive background check for staff not observed.~~ OK BM

#31 CPR certificates for staff not observed.

#39 two children's health records not observed.

① Discussed: Tweezers missing from first aid kit

② Nurse to visit twice per year. only one visit documented for the 2023-2024 school year.

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: Korey Larsen
(Person in Charge)OEC BY: 2/12/25Print Name: Korey Larsen