

**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:	Greater Waterbury Ymca CDC	Date of Inspection:	2/10/25	Time of Arrival:	P: 10am
Address:	136 West Main St.	License Number:	13034	Expiration Date:	1/31/26
Town:	Waterbury, CT 06702	Telephone Number:	203-754-9622	Summer Care:	Open
Operator:	Waterbury Ymca Association	# of Staff Present:	21	# over 3 Present:	84
Email:	Kjones@waterburyymca.org	Total Capacity:	222	Total Under 3 capacity:	24
Designated Director:	Kristen Jones	Hours/Days of Operation:	M-F 6:30am - 5:30pm		

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

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

**LICENSURE PROCEDURES 19a-79-2a**

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

1. (c)(8) Local Health Inspection-Date: 10/17/24

**ADMINISTRATION 19a-79-3a**

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMLETE/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

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

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

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Greater Waterbury Ymca CC		13034	2/10/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. <input type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> <input type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only - N/A)
<input checked="" type="checkbox"/> <input type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> <input type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only - N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.	<b>TOILETING</b>
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only (N/A)
		<input checked="" type="checkbox"/> (d)(10)(F)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(G)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(H)	Toilets/sinks located-at the facility or licensed premises
		<input checked="" type="checkbox"/> (e)(1)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (e)(2)	Mechanical ventilation (Grp Homes - N/A)
		<input checked="" type="checkbox"/> (e)(3)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(4)	<b>AIR TEMPERATURE</b>
		<input checked="" type="checkbox"/> (e)(5)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only - N/A)
		<input checked="" type="checkbox"/> (e)(6)	Air temp <65°F comfortable (Schl age only - N/A)
		<input checked="" type="checkbox"/> (e)(7)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(8)	Water temperature 60 °F - 120 °F
		<input checked="" type="checkbox"/> (e)(9)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(10)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (f)(1)(A)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> (g)(1)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (g)(2)	Working phone on each level
		<input checked="" type="checkbox"/> (g)(3)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (g)(4)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (g)(5)	<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (g)(6)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (g)(7)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (g)(8)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> (g)(9)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> (g)(10)	Potentially hazardous substances, materials - labeled, inaccessible
		<input checked="" type="checkbox"/> (g)(11)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (g)(12)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (g)(13)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (g)(14-15)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (g)(16)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> (g)(17)	Radon test- Results: <u>4</u> (Schl - N/A)
		<input checked="" type="checkbox"/> (g)(18)	Results posted-Date: <u>11/28/19</u> (Schl - N/A)
		<input checked="" type="checkbox"/> (g)(19)	Carbon monoxide detector-each level (N/A)
		<input checked="" type="checkbox"/> (g)(20)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(21)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> (g)(22)	Adequate equipment for rest-cleaned-cots (Grp Homes - mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(23)	Air conditioners, water heaters, fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(24)	Developmentally app equipment, materials
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"/> 83. (d)(11)	
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85.	
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 86.	
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection <u>7/24/24</u> (N/A)	<input checked="" type="checkbox"/> 87.	
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 88.	
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 89.	
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 90.	
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only - N/A)	<input checked="" type="checkbox"/> 91.	
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 92.	
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 93.	
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 94.	
<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		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>9/4/24</u>	<input checked="" type="checkbox"/> 95.	
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96. (e)(11)	
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97. (e)(12)	
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98. (e)(13)	
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99. (e)(14-15)	
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100. (e)(16)	
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101. (e)(17)	
<input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schl - N/A)	<input checked="" type="checkbox"/> 102. (e)(18)	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>4/20/23</u>	<input checked="" type="checkbox"/> 103. (f)(1)(A)	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> 104. (g)(1)	
<input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105. (g)(2)	
<input checked="" type="checkbox"/> <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>remediated</u>	<input checked="" type="checkbox"/> 106. (g)(3)	
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>N/A</u>	<input checked="" type="checkbox"/> 107. (g)(4)	
	Emergency vehicle access		

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

PROGRAM NAME	Circuter Waterbury Ymca CC	LICENSE NUMBER	13034	DATE OF INSPECTION	2/10/25
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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"/>	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 type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input type="checkbox"/>		<input type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
<input type="checkbox"/>		<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
<input type="checkbox"/>		<input type="checkbox"/> (h)(3)	Playground free from hazards
<input type="checkbox"/>		<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
<input type="checkbox"/>		<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
<input type="checkbox"/>		<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
<input type="checkbox"/>		<input type="checkbox"/> (h)(8)	Drinking water available/accessible
<input type="checkbox"/>		<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCING</u>
<input type="checkbox"/>		<input type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>	113.	<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
<input type="checkbox"/>		<input 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 <span style="float:right">N/A</span>
		<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <span style="float:right">N/A</span>
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <span style="float:right">N/A</span>

<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u>
		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
		<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (j)	<u>FEEDING</u>
		<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (l)(1)	Bottles labeled with child's name
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
		<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10  N

SCHOOL AGE ENDORSEMENT 19a-79-11  N

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<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"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		<u>DIAPERING</u>
		<input checked="" 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 checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" 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"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	141.		Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>	142.	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
		<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		(d)	Ratio- 1:15
	143.	(e)	Group size- max. 30
	144.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
	145.	(g)	Head teacher approved- 60%
	146.		

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

PROGRAM NAME: Creater Waterbury Ymca CDC LICENSE NUMBER: 13034 DATE OF INSPECTION: 2/10/25

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 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)	<b>STAFF TRAINING</b>
<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 checked="" 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. (b)(6)	<b>SLEEP PROVISIONS</b>	<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)(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 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 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)	<b>MEDICATION TRAINING</b>		
<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: Kuomn SIGNATURE OF PERSON IN CHARGE: [Signature]  
 PRINTED NAME: Kristen Morgan PRINTED NAME: Kristen Jones

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: 2/24/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greater Waterbury Ymca License # 13034 Date: 2/10/25  
ca

## Observations/Corrections needed:

- 35- health + education consultant agreements do not reflect duties now required in the regulations.
- 40 - observed 7 individual Cma plans not signed by all staff.
- 49- menus not posted 1 week in advance.
- 53- Observed spoons in the infant room not being sanitized after each use.
- 66- Observed dusty bathroom vents in 201, 194; observed cords unsecured throughout program; observed unsecured dramatic play refrigerator in 198, unsecured doll house in 196 (back); unsecured drying rack in 200; Cot propped long way in 196; Observed glue board/fly paper in most rooms accessible by handwash sinks; Children's couch in disrepair in 209.
- 81 - observed 11 unprotected outlets.
- 83 - observed staff personal belongings <sup>access</sup> in most classrooms.
- 89 - observed rug edges curving in 200, 211, 201, 202, 197.
- 102 - Co detector not observed in school age room.
- 119 - Observed a group of 13 toddlers in the gym without physical barriers separating the group.
- 128 - diaper changing table not observed in 196 (front).
- 161 - Observed 1 medication authorization form missing prescriber information; 1 form missing information (school form); 2 forms not ans. to.

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: Kuonon Krichmogen  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)OEC BY: 2/24/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greater Waterville Ymca License # 13034 Date: 2/10/25  
CDC

Observations/Corrections needed:

Discussed:

- tweezers not observed in 2 first aid kits
- 1 unlabeled diaper cream (197)
- 1 unlabeled bottle (196)
- 1 unlabeled benadryl
- 1 Child missing flushout documentation.
- Sink labeled handwash only being used for other purposes - Infant.
- Outdoor items on checklist left blank due to the playground being snow covered. Program to maintain compliance at all times - follow up inspection to be completed.
- Policies to be updated/created to reflect regulation changes.
- All items checked were either in compliance or discussed.
- All staff to complete health + safety training (CHS) by 4/1/25.

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: Kwonna Krimi Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 2/21/25