

**CHILD CARE CENTER AND INDIVIDUAL CHILD CARE HOME
INSPECTION FORM**

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

Ywca Haslink @ Webster Hill	Inspection Date: 2/19/25	Time: 2pm
125 Webster Hill Blvd	License Number: 12457	3/31/25
West Hartford, CT 06107	Phone Number: 8607483587	Closed
Ywca Hartford Region Inc	# of Staff Present: 2	# over 3 Present: 10
Tina G @ Ywca Hartford org	Total Capacity: 70	Total Under 3 capacity: 0
Tina Giadden	# of Days of Inspection: M-F 4:55-8:30	245-6044-N-1304-6PM

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

LICENSING PROCEDURES **STAFFING and CONSULTANTS**

1. (c)(8) Local Health Inspection-Date: 5/8/23

ADMINISTRATIVE

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

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)

28. (d)(4)(B)

29. (d)(6)

30. (d)(4)(D)

31. (d)(5)

32. (d)(5)(A)

33. (d)(5)(B)

34. (e)(1)

35. (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

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 - Y/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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

PROGRAM NAME

YWCA Kidslink Webster

12457

2/19/25

RECORD KEEPING 19a-79-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input 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

PHYSICAL PLANT 19a-79-7a

<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)
<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
<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 -cov or protected (Schl age only)
<input checked="" type="checkbox"/> 82.		TOILETING
<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 lice premises
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (Grp Home)
<input checked="" type="checkbox"/> (d)(11)		Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-7a

<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>N/A</u>
<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"/> 83.		
<input checked="" type="checkbox"/> 84.		
<input checked="" type="checkbox"/> 85.	(e)(1)	
<input checked="" type="checkbox"/> 86.	(e)(3)	
<input checked="" type="checkbox"/> 87.	(e)(4)	
<input checked="" type="checkbox"/> 88.	(e)(5)	
<input checked="" type="checkbox"/> 89.	(e)(5)	
<input checked="" type="checkbox"/> 90.	(e)(6)	
<input checked="" type="checkbox"/> 91.	(e)(7)	
<input checked="" type="checkbox"/> 92.	(e)(7)	
<input checked="" type="checkbox"/> 93.	(e)(7)	
<input checked="" type="checkbox"/> 94.		
<input type="checkbox"/> (e)(8)		
<input type="checkbox"/> (e)(9)		
<input type="checkbox"/> (e)(9)		
<input type="checkbox"/> (e)(9)		
<input type="checkbox"/> (e)(10)		
<input type="checkbox"/> (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)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/1/25</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)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ N/A
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT -
		Peeling Paint - Y/N Inside/Outside
		Building Pre-78: Y/N Lead Test: Y/N
		Results _____
		Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input type="checkbox"/> 95.		
<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)	

AIR TEMPERATURE
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only)
 Air temp <65°F comfortable (Schl age only)
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60 °F - 120 °F
 Portable space heaters prohibited
 Walls/ceilings/floors/rugs-clean/good re
 Rugs- not tripping/slipping hazard
 Hot water/Steam pipes protected
 Working phone on each level
 Emergency numbers posted-adjacent to
 Parents provided direct on site phone 1

LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-n
 children-sufficient lighting to be visibl
 Schl age only-lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, ma
 labeled, inaccessible
 Garbage/rubbish-disposed of daily, c
 in good repair
 Stairs-protected/good repair-handra
 Toxic plants/materials inaccessible
 Pets or other animals-in good health
 care plan including access to childre
 Prevention of vermin-openings scre
 Radon test- Results: _____
 Results posted-Date: _____
 Carbon monoxide detector-each le
 Program space-adequate-35 sq. ft.
 Equipment-clean and safe, good re
 toxic-sturdy, free from protruding
 Adequate equipment for rest-clear
 (Grp Homes-mats/sleeping bags)
 Air conditioners, water heaters, fi
 inaccessible
 Developmentally app equipment,

PROGRAM NAME: YWCA West Hill LICENSE NUMBER: 2457 DATE OF INSPECTION: 2/19/25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

- 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-snug fitting mattress/tightly fitted sheet
 - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 - (g)(2) Infants allowed to adopt other sleep positions
 - (g)(3) No items in/on cribs-blankets, toys, bumpers pillows, weighted blankets/sleepers/swaddles
 - (g)(4) No unapproved sleeping-car seats/swings/beds, etc
 - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - (g)(6) Observe/assess infants at least every 15 minutes
 - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 - (g)(8) Safe sleep policies posted/parents informed
- 131. **TOYS**
 - (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
- 132. **HEALTH**
 - (i)(1)(2A-C) Health consultant visits/documentation
- 133. **FEEDING**
 - (k)(1) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - (k)(2) Written feeding schedule from parent-update
 - (k)(3) Unused formula/milk discarded after feeding
 - (k)(4) Clean bottles/disposable bottles/appvd wash
 - (k)(5) Baby food served from dish or whole jar
 - (l)(1) Bottles labeled with child's name
 - (l)(2) Outdoor spaced fenced-4 ft lic. after 1/1/25
 - (l)(3) Outdoor equipment-developmentally appropriate for ages of the children
- 134. **SAFETY**
 - (l)(3) Shock ab materials less than 1 1/4"-or meas in place to ensure their health & safety
- 135. **OTHER**
 - (i)(1)(2A-C)
- 136. **OTHER**
 - (j)

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

SCHOOL AGE ENDORSEMENT 19a-79-11

- 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)(A1-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b) Approved Schl Age Endorsement
- 141. **SCHEDULE - ACTIVITIES**
 - (c) Written daily program plan-flexible sched 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
- 142. **Ratio**
 - (d) Ratio- 1:15
 - (e) Group size- max. 30
 - (f) 4 yr. olds enrolled in schl age-written authorization/permission from director
 - (g) Head teacher approved- 60%
- 143. **OTHER**
 - (d)
 - (e)
 - (f)
- 144. **OTHER**
 - (g)
- 146. **OTHER**
 - (g)

Ywca Webster Hill

12457

DATE OF

2/19/25

MONITORING OF NIGHT CARE

MONITORING OF STAFF TRAINING

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- (b)(6)(A)
- (b)(6)(B)
- (b)(6)(C)
- (b)(6)(D)
- (b)(7)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B)
- (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- (c)(3)
- 173. (d)(1)
- 174. (d)(2)
- 175. (d)(3)
- 176. (e)(1)
- 177. (e)(2)
- 178. (e)(3)
- 179.

ADMINISTRATION OF MEDICATIONS 19a-79-9a

ADDITIONAL VIOLATION

- 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)

- 180. - Consent Order/Negotiated Corrective Action Plan conditions

DISCUSSIONS - COMMENTS

Update policies/procedures per new regulations. Checklist/SAM policies on OEC website
 - Health + safety training for all staff
 - Dusty rents kids bathrooms

SIGNATURE OF OEC STAFF: *Ma Keller*
 PRINTED NAME: K Kellerman

SIGNATURE OF PARENT: *[Signature]*
 PRINTED NAME: Gladi Kusarso

OEC DIVISION OF LICENSING
 50 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: 3/5/25
 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Kidslink Webster Hill License # 12457 Date: 2/19/25

Observations/Corrections needed:

Regulations not in compliance when observed

- #10- Programs head teacher left end of Jan 2025. No notification to OEC about change. Discussed 30 days to find new Head teacher and let OEC know.
- #19- 1 Staff health record not available
- #38- Preschool Physical not up to date.
- #39- Preschool Flu shot not available
- #95- Bleach/water solution bottles not labeled with dilutions. Bleach bottle stored in unlocked cabinet accessible to children.

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: Ellerman

Signature: [Signature]
(Person in Charge)
Print Name: Clati Kusonzo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/5/25