

**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 Learning Center	Date of Inspection:	2.3.25	Time of Arrival:	11:00 am
Address:	30 High St.	License Number:	16222	Expiration Date:	2/28/26
Town:	Southington 06489	Telephone Number:	860-621-8130	Summer Care:	Open
Operator:	Southington cheshire community YMCA	# of Staff Present:	15	# over 3 Present:	104
Email:	mnewman@sccymca.org	Total Capacity:	140	Total Under 3 capacity:	0
Designated Director:	Melissa Newman	Hours/Days of Operation:	M-F 6:30 am to 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

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

1. (c)(8) Local Health Inspection-Date: 1/22/24

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)	Staff health records
20. (a)(3)	Disciplinary actions
21. (b)	Comprehensive Background Checks
22. (b)(4)	Evidence of compliance
23. (d)	Adequate staffing
24. (d)(1)	Designated head teacher-approved-60%
25. (d)(2)	Two staff present-age 18 or older
26. (d)(3)(A-C)	Personal qualities of staff
27.	RATIOS
✓ (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
✓ (d)(4)(B)	Mixed age group-ratios
✓ (d)(6)	Nap time ratio
28. (d)(4)(D)	Supervision-Indoors/Outdoors
29.	GROUP SIZE
✓ (d)(5)	Group Size-Indoors/Outdoors
✓ (d)(5)(A)	Group Size-school age field trips/outdoors
✓ (d)(5)(B)	Mixed age group-group size
30. (e)(1)	Designated director-training
31. (f)(1)	CPR certified program staff
32. (f)(2)	First aid certified program staff
33.	PROFESSIONAL DEVELOPMENT
✓ (a)(2)	Documentation
✓ (h)(1)(2)	Health & Safety training ★
✓ (h)(1)(2)	1% annual hours
34.	SWIMMING ACTIVITIES - Y/N
✓ (4)(C)(ii-v)	Swimming-Ratios
✓ (4)(C)(i)	Non-swimmers identified
✓ (e)(6)	CPR certified staff-age 20 or older
✓ (e)(6)	Lifeguard-certified-supervising
35. (i)(1)(A)-(D)	CONSULTANTS
✓ (i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
✓ (i)(2)(A-H)	Consultant agreements-signed annually
✓ (F)	Agreements complete w/required services
✓ (i)(2)	Consultant logs-documented activities, observations and required services
(H)(i)-(I)(i)	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	YMCA Learning Center	LICENSE NUMBER	16222	DATE OF INSPECTION	2.3.25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<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.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission			
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports			Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 81.	(d)(9)	
<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"/> 82.		<u>TOILETING</u>

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"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection N/A		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 85.	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 86.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 87.	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 88.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 89.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 90.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 91.	(e)(1)	<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 92.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> 93.	(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 94.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation

PHYSICAL PLANT 19a-79-7a					
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12/30/24</u>	<input checked="" type="checkbox"/> 95.		
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.	(e)(11)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion			Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 97.	(e)(12)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 98.	(e)(13)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary hazard free (Schl age only) N/A	<input checked="" type="checkbox"/> 99.	(e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 100.	(e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 69.		<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 101.	(e)(17)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>1/10/24</u>	<input checked="" type="checkbox"/> 102.	(e)(18)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: N/A	<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Prevention of vermin-openings screened
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	<input checked="" type="checkbox"/> 104.	(g)(1)	Radon test- Results: <u>1.2</u> N/A
<input checked="" type="checkbox"/> 70.		<u>LEAD PAINT</u>			Results posted-Date: <u>12/1/05</u> (Schls-N/A)
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - <input checked="" type="checkbox"/> Inside/Outside	<input checked="" type="checkbox"/> 105.	(g)(2)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Lead Test: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Results	<input checked="" type="checkbox"/> 106.	(g)(3)	Program space-adequate-35 sq. ft. per child
		Lead Management Plan <u>n/a</u>	<input checked="" type="checkbox"/> 107.	(g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)

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PROGRAM NAME	YMCA Learning Center	LICENSE NUMBER	16222	DATE OF INSPECTION	2.3.25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111. <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9) (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier N/A WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/> 129. <input type="checkbox"/> 130. <input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134. <input type="checkbox"/> 135. <input type="checkbox"/> 136. <input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	(f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety
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EDUCATIONAL REQUIREMENTS 19a-79-8a	
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<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan-developmentally appropriate EDUCATIONAL REQUIREMENTS 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 Limited access to screen time/video games	<input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	
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UNDER THREE ENDORSEMENT 19a-79-10 Y/N	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
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<input type="checkbox"/> 117. <input type="checkbox"/> 118. <input type="checkbox"/> 119. <input type="checkbox"/> 120. <input type="checkbox"/> 121. <input type="checkbox"/> 122. <input type="checkbox"/> 123. <input type="checkbox"/> 124. <input type="checkbox"/> 125. <input type="checkbox"/> 126. <input type="checkbox"/> 127. <input type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(6)(9) (e)(7) (e)(8) (e)(10)(A-C)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144. <input checked="" type="checkbox"/> 145. <input checked="" type="checkbox"/> 146.	(b) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) (d) (e) (f) (g)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day 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 Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
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PROGRAM NAME	YMCA Learning Center	LICENSE NUMBER	16222	DATE OF INSPECTION	2.3.25
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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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<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153. <input type="checkbox"/> 154. <input type="checkbox"/> 155. <input type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) <input type="checkbox"/> (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> (b)(7) (b)(8) (b)(9) (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> Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input type="checkbox"/> 171. <input type="checkbox"/> 172. <input type="checkbox"/> 173. <input type="checkbox"/> 174. <input type="checkbox"/> 175. <input type="checkbox"/> 176. <input type="checkbox"/> 177. <input type="checkbox"/> 178. <input type="checkbox"/> 179.	(a)(1) <input type="checkbox"/> (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input type="checkbox"/> (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (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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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input checked="" type="checkbox"/> 160. <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) <input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C) <input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (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	<input type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF	Betty Mayer	SIGNATURE OF PERSON IN CHARGE	Melissa Newman
PRINTED NAME	Betty Mayer	PRINTED NAME	Melissa Newman

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: 2/17/25 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 Learning Center License # 16222 Date: 2.3.25

Observations/Corrections needed:

35(i)(2)(A-H) Education consultant contract missing all required duties.

Discussed: ① Director signature needed for 2.8 preschool authorization. Sample permission slip on website.
② Two staff without background checks completed. Not working at time of inspection.

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: Melissa Newman
(Person in Charge)

OEC BY: 2/17/25

Print Name: Melissa Newman