

**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:	Highland Latchkey / Cheshire YMCA	Date of Inspection:	2.5.25	Time of Arrival:	3:00 pm
Address:	490 Highland Ave	License Number:	12624	Expiration Date:	4/30/25
Town:	Cheshire 06410	Telephone Number:	203-675-1568	Summer Care:	closed
Operator:	Southington Cheshire Comm. YMCA	# of Staff Present:	9	# over 3 Present:	55
Email:	l2aborowski@sccymca.org	Total Capacity:	100	Total Under 3 capacity:	0
Designated Director:	Lisa Zaborowski	Hours/Days of Operation:	M-F 6:30-9:00 am 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

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

1. (c)(8) Local Health Inspection-Date: 10.31.23

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-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 n/a

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)

(d)(4)(D)

28.

29.

(d)(5)

(d)(5)(A)

(d)(5)(B)

30. (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)

(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	n/a	n/a	

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

PROGRAM NAME	Highland Latchkey cheshire YMCA	LICENSE NUMBER	12624	DATE OF INSPECTION	2.5.25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <input type="checkbox"/> (a)(1)(D)(i) <input type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only) N/A Glass and mirrors protected to 36" N/A Overhead doors-locking devices, spring protectors N/A Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only) N/A TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only) N/A Air temp <65°F comfortable (Schl age only) N/A Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: _____ N/A Results posted-Date: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60. <input checked="" type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code N/A Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection _____ N/A Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only) N/A Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 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. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(4) (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) (d)(1)	Fire marshal codes/certificate <u>8/20/24</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (School) N/A Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>no lead identified</u> Lead Management Plan _____ <u>n/a</u> Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(4) (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) (d)(1)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
Highland LatchKey cheshire YM CA		12624		2.5.25	
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 type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING		<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	WATER HAZARDS	<input type="checkbox"/> 134.	<input type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
		Hot tubs/spas/saunas-locked/inaccessible N/A		<input type="checkbox"/> (h)(2)	No toys/objects less than 1/4" diameter
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input type="checkbox"/> 135.	<input type="checkbox"/> (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input type="checkbox"/> 136.		Health consultant visits/documentation
	<input checked="" type="checkbox"/> (i)			<input type="checkbox"/> (j)	FEEDING
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
	<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 type="checkbox"/> 137.	<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input type="checkbox"/> 138.	<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
			<input type="checkbox"/> 139.	<input type="checkbox"/> (l)(1)	Bottles labeled with child's name
UNDER THREE ENDORSEMENT 19a-79-10 Y(N)				<input type="checkbox"/> (l)(2)	Bottles spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement		<input type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 140.		Shock ab materials less than 1/4"-or measures in place to ensure their health & safety
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (b)	Approved Schl Age Endorsement
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots		<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 143.	<input type="checkbox"/> (d)	Ratio- 1:15
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 144.	<input type="checkbox"/> (e)	Group size- max. 30
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/> 145.	<input type="checkbox"/> (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 128.		DIAPERING	<input checked="" type="checkbox"/> 146.	<input type="checkbox"/> (g)	Head teacher approved- 60%
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair			
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use			
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			
UNDER THREE ENDORSEMENT 19a-79-10 Y(N)			SCHOOL AGE ENDORSEMENT 19a-79-11 Y(N)		

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

PROGRAM NAME	Highland Latchkey cheshire YMCA	LICENSE NUMBER	12624	DATE OF INSPECTION	2.5.24
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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.	(b)	Approved Night Care Endorsement	<input type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/>	172.		<u>STAFF TRAINING</u>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/>		(b)(1)(B)	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 type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input type="checkbox"/>		(b)(2)	Written documentation of training
<input type="checkbox"/>	153.		<u>SLEEP PROVISIONS</u>	<input type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input type="checkbox"/>	173.	(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/>		(c)(3)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input type="checkbox"/>	178.	(e)(2)	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"/>	179.	(e)(3)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input 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)	<u>NONPRESC. TOPICAL MEDICATION</u>	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Admin/Parent permission/report errors				
<input checked="" type="checkbox"/>		(a)(3)(C)	Labeling and Storage				
<input type="checkbox"/>	160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input type="checkbox"/>		(b)(1)(D)	<u>MEDICATION TRAINING</u>				
<input type="checkbox"/>		(b)(1)(E)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(2)(C)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(3)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>	161.	(b)(3)(D)	Training outline on file				
<input checked="" type="checkbox"/>	162.		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	Betty mayer	SIGNATURE OF PERSON IN CHARGE	Bridgette R.
PRINTED NAME	Betty Mayer	PRINTED NAME	

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: 2/19/25
	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Highland Latchkey
Cheshire YMCA License # 12624 Date: 2.5.25

Observations/Corrections needed:

#5 Annual policy not observed for 4 staff.

#21 comprehensive background check for one staff not observed.

#31 CPR certificates for staff not observed.

#32 First aid certificates for staff not observed.

#40 Three care plans missing all appropriate staff signatures.

~~#102 CO Detector not working. OK BMayer~~

#100 medication and epipen training certificates not available for review.

#19 staff health record for one staff missing.

Discussed: one group did not wash hands before snack.

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

Print Name: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/19/25

Signature: Bridgette R.
(Person in Charge)

Print Name: Bridgette Rivera