

**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:	Chapman Y-Latchkey	Date of Inspection:	3.5.25	Time of Arrival:	2:15 pm
Address:	38 Country Club Rd.	License Number:	13981	Expiration Date:	4/30/25
Town:	Cheshire 06410	Telephone Number:	203-272-3154	Summer Care:	closed
Operator:	Southington Cheshire Comm. YMCA	# of Staff Present:	6	# over 3 Present:	33
Email:	lzaborowski@scocymca.org	Total Capacity:	69	Total Under 3 capacity:	0
Designated Director:	Lisa Zaborowski	Hours/Days of Operation:	M-F 630-800am 2:00-10:00pm		

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

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

LICENSURE PROCEDURES 19a-79-2a

✓ 1. (c)(8) Local Health Inspection-Date: 11/1/23

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.	<u>POLICIES-COMLETE/IMPLEMENTED</u>
✓ (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.	<u>ACCESS</u>
✓ (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.	<u>POSTINGS</u>
✓ (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

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

✓ 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.	<u>RATIOS</u>
✓ (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.	<u>GROUP SIZE</u>
✓ (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.	<u>PROFESSIONAL DEVELOPMENT</u>
✓ (a)(2)	Documentation
✓ (h)(1)(2)	Health & Safety training
✓ (h)(1)(2)	1% annual hours
✓ 34. (4)(C)(ii-v)	<u>SWIMMING ACTIVITIES - Y^N</u>
✓ (4)(C)(i)	Swimming-Ratios
✓ (e)(6)	Non-swimmers identified
✓ (e)(6)	CPR certified staff-age 20 or older
✓ (e)(6)	Lifeguard-certified-supervising
✓ (i)(1)(A)-(D)	<u>CONSULTANTS</u>
✓ (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	Chapman Y - LatchKey	LICENSE NUMBER	13981	DATE OF INSPECTION	3.5.25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/>	36.	(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.		TOILETING

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)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths			(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only- N/A)	<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only- N/A)
<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"/>		(e)(2)	Air temp <65°F comfortable (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"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	61.	<input checked="" type="checkbox"/>	(d) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(4)	Water temperature 60 °F - 120 °F

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>8115124</u>	<input checked="" type="checkbox"/>	95.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(9)	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	<input checked="" type="checkbox"/>		(e)(9)	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"/>		(e)(10)	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"/>		(e)(11)	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"/>		(e)(12)	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"/>		(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> - Public/Well (Schools- N/A)	<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/>	(c)(5)(A) Lead Water Test - Date: _____ (N/A)	<input checked="" type="checkbox"/>		(e)(16)	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"/>		(e)(17)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	(c)(5)(C) Drinking water available/accessible	<input checked="" type="checkbox"/>		(f)(1)(A)	Radon test- Results: _____ (N/A)
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> - Peeling Paint - Y(N) Inside/Outside Building Pre-78 Y(N) Lead Test Y(N) Results <u>management plan</u>	<input checked="" type="checkbox"/>		(g)(1)	Results posted-Date: _____ (Schls-N/A)
		<input checked="" type="checkbox"/>	(c)(6)(A) Lead Management Plan <u>every 6 months</u>	<input checked="" type="checkbox"/>		(e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	(c)(6)(B-D)	<input checked="" type="checkbox"/>		(g)(2)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>		(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
				<input checked="" type="checkbox"/>		(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)

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


PROGRAM NAME	Chapman Y - Latchkey	LICENSE NUMBER	13981	DATE OF INSPECTION	3.5.25
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 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) (i)-(iii)	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"/> (b)(2)	Training updated at least every 3 years		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(3)	Written documentation of training		
<input type="checkbox"/> 153.	<u>SLEEP PROVISIONS</u>	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present		
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff		
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents		
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible		
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input 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 type="checkbox"/> 177. (e)(1)	Authorized prescriber written order		
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 178. (e)(2)	Written authorization from parent		
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input 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 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	N/A

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	#161 Medication authorization for one child missing parent signature.
	<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.		<u>MEDICATION TRAINING</u>	
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant	
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication	
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication	
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector	
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates	
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file	
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation	
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization	
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)	

SIGNATURE OF OEC STAFF	Betty Mayer		SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Betty Mayer	Nicholas Deschiro	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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3/19/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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