

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

YMCA Hebron Ave SFCO	3/12/25	145 PM
1363 Hebron Ave	13165	2/28/26
Glastonbury, CT 06033	8606336516	Closed
YMCA of Metro Hartford Inc	# of Staff Present: 4	# over 3 Present: 32
Cassidy.Flanagan@ymca.org	Total Capacity: 71	Total Under 3 capacity: 0
Cassidy Flanagan		# under 3 Present: 0
		Ages Served: 5-11yrs
		Days of Operation: M-F 7-845/370-6pm / Wed: 7:20-6pm

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

**LICENSING REQUIREMENTS 15-75-2a**

**STAFFING and COMPLIANCE**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 10/17/25
<b>ADMINISTRATIVE SERVICES</b>		
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.		<b>POLICIES-COMplete/IMPLEMENTED</b>
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
	<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.		<b>ACCESS</b>
	<input checked="" type="checkbox"/> (f)	Immediate access by parents
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16.	(n)	Capacity
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.		<b>POSTINGS</b>
	<input checked="" type="checkbox"/> (e)(1)	License posted
	<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
	<input checked="" type="checkbox"/> (e)(3)	Menus posted
	<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
	<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
	<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		<b>RATIOS</b>
	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<b>GROUP SIZE</b>
	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		<b>PROFESSIONAL DEVELOPMENT</b>
	<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
	<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<b>SWIMMING ACTIVITIES - Y/N</b>
	<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
	<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
		<b>CONSULTANTS</b>
	<input checked="" type="checkbox"/> (i)(1)(A-D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> (i)	Consultant agreements-signed annually
	<input checked="" type="checkbox"/> (i)(2)(A-H)	Agreements complete w/required services
	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM NAME: YMCA Hebron Ave SACD INSPECTION DATE: 13165 3/12/25

RECORD KEEPING 19a-79-7a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission	<input checked="" type="checkbox"/> 73. (d)(3) <input checked="" type="checkbox"/> 74. (d)(3) <input checked="" type="checkbox"/> 75. (d)(4) <input checked="" type="checkbox"/> 76. (d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81. (d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.
<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	

HEALTH and SAFETY 19a-79-6a		PHYSICAL PLANT 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"/> 73. (d)(10)(A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 74. (d)(10)(B)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 75. (d)(10)(C)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 76. (d)(10)(C)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> 77. (d)(10)(D)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 78. (d)(10)(E)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 79. (d)(10)(E)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 80. (d)(10)(F)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 81. (d)(10)(F)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 82. (d)(10)(G)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 83. (d)(10)(H)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 84. (d)(11)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 85. (e)(1)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 86. (e)(3)
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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"/> 87. (e)(4)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<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. (e)(7)
			<input checked="" type="checkbox"/> 95. (e)(8)
			<input checked="" type="checkbox"/> 96. (e)(9)
			<input checked="" type="checkbox"/> 97. (e)(9)
			<input checked="" type="checkbox"/> 98. (e)(9)
			<input checked="" type="checkbox"/> 99. (e)(10)
			<input checked="" type="checkbox"/> 100. (e)(11)
			<input checked="" type="checkbox"/> 101. (e)(12)
			<input checked="" type="checkbox"/> 102. (e)(13)
			<input checked="" type="checkbox"/> 103. (e)(14-15)
			<input checked="" type="checkbox"/> 104. (e)(16)
			<input checked="" type="checkbox"/> 105. (e)(17)
			<input checked="" type="checkbox"/> 106. (e)(18)
			<input checked="" type="checkbox"/> 107. (f)(1)(A)
			<input checked="" type="checkbox"/> 108. (g)(1)
			<input checked="" type="checkbox"/> 109. (g)(2)
			<input checked="" type="checkbox"/> 110. (g)(3)
			<input checked="" type="checkbox"/> 111. (g)(4)

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/19/24</u>	<input checked="" type="checkbox"/> 102. (e)(18)
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 103. (f)(1)(A)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 104. (g)(1)
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 105. (g)(2)
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 106. (g)(3)
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>(N/A)</u>	<input checked="" type="checkbox"/> 107. (g)(4)
<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) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools <u>N/A</u> ) Lead Water Test - Date: _____ N/A Bact./Chem Test-Date: _____	
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____	
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access	

<b>PROGRAM NAME</b> YMCA Hebron Ave Saco	<b>LICENSE NUMBER</b> 13165	<b>DATE OF INSPECTION</b> 3/22/19
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**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe-recalls	<input type="checkbox"/>	129.		<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/>		(f)(1)	Linens/emergency clothing available
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/>		(f)(2)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>	<input type="checkbox"/>		(f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/>	(h)(1) Adequate space- 75 sq. ft. per child	<input type="checkbox"/>		(f)(4)	Cribs/cots cleaned-linens changed when shar
		<input checked="" type="checkbox"/>	(h)(2) Shock absorbing surfaces-minimum 8"	<input type="checkbox"/>		(g)(1)	<b>SAFE SLEEP</b>
		<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)(1)	Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/>	(h)(5) Outside equipment anchored-anchors buried	<input type="checkbox"/>		(g)(2)	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)(3)	Infants allowed to adopt other sleep position:
		<input checked="" type="checkbox"/>	(h)(8) Drinking water available/accessible	<input type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumper:
		<input checked="" type="checkbox"/>	(h)(9) Equipment arranged for safety-	<input type="checkbox"/>		(g)(5)	pillows, weighted blankets/sleepers/swaddles
			<b>OUTDOOR PROTECTED/FENCING</b>	<input type="checkbox"/>		(g)(6)	No unapproved sleeping-car seats/swings/beds, etc
<input checked="" type="checkbox"/>	112.	(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation fro
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/>		(g)(7)	MD/PA/APRN- instructions/timeframes
		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/>		(g)(8)	Observe/assess infants at least every 15 minut
		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input type="checkbox"/>		(h)(1)	Teething necklaces/bracelets, jewelry inaccessit
<input checked="" type="checkbox"/>	114.	(i)	<b>WATER HAZARDS</b>	<input type="checkbox"/>		(h)(1)	Safe sleep policies posted/parents informed
			Pools, swimming areas-	<input type="checkbox"/>		(h)(2)	Infant toys-separate/washed/sanitized daily
			conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/>		(h)(2)	Toddler toys-washed/sanitized weekly
			Wading pools prohibited	<input type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4" diameter
			Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input type="checkbox"/>		(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input type="checkbox"/>		(j)	Health consultant visits/documentation
				<input type="checkbox"/>		(k)(1)	<b>FEEDING</b>
				<input type="checkbox"/>		(k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input type="checkbox"/>		(k)(3)	Written feeding schedule from parent-upda
				<input type="checkbox"/>		(k)(4)	Unused formula/milk discarded after feedin
				<input type="checkbox"/>		(k)(5)	Clean bottles/disposable bottles/appvd wash
				<input type="checkbox"/>		(l)(1)	Baby food served from dish or whole jar
				<input type="checkbox"/>		(l)(2)	Bottles labeled with child's name
				<input type="checkbox"/>		(l)(3)	Bottles spaced fenced-4 ft lic. after 1/1/25
				<input type="checkbox"/>			Outdoor equipment-developmentally appropriate for ages of the children
				<input type="checkbox"/>			Shock ab materials less than 1 1/4"-or meas in place to ensure their health & safety

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		(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 (N/A)**

**UNDER THREE ENDORSEMENT 19a-79-10 (N/A)**

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b>
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible sched available to staff/parents
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<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)(3)	Activities include cognitive, physical, soci emotional needs of the children
<input type="checkbox"/>	122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concep activities, homework time, special events
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps- locking tray	<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/ Head teacher approved- 60%
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities				
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/>	128.		<b>DIAPERING</b>				
		(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				

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - Page 1**

PROGRAM: YMCA Hebron Ave Stcp LICENSE NUMBER: 13169 DATE: 3/12/25

**NIGHT CARE ENDORSEMENT (19-71-12) (Y/N) MONITORING OF DIABETES (19-71-13) (Y/N)**

147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> 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
148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		
149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
150. (b)(3)	Written plan for supervision including cot placement and evacuation			
151. (b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	
152. (b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	
153. (b)(6)	<b>SLEEP PROVISIONS</b> Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled			
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants			
154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	
155. (b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
156. (b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

**ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N ADDITIONAL VIOLATION**

157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
158. (9a)	Permit enrollment of children with asthma, allergies, diabetes				

**DISCUSSIONS - COMMENTS**

Update policies/procedures per new regulations on checklist  
 - Education consultant visit 1x yr  
 - Health <sup>safety</sup> training by 4/1/25  
 - Dusty vents kids Bathroom  
 - No violations observed

SIGNATURE OF OEC STAFF	<i>Ma Miller</i>	SIGNATURE OF PERSON IN CHARGE	<i>Lindsay Miller</i>
PRINTED NAME	Kellerman	PRINTED NAME	Lindsay Miller

CT DIVISION OF LICENSING  
 100 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: \_\_\_\_\_ CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>