

**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:	Valley YMCA SACC Shelton	Date of Inspection:	3/18/25	Time of Arrival:	3:00 pm
Address:	418 River Road	License Number:	14688	Expiration Date:	3/31/25
Town:	Shelton, CT 06484	Telephone Number:	203-521-1383	Summer Care:	Closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	3	# over 3 Present:	9
Email:	rlcworthy@cclymca.org	Total Capacity:	64	Total Under 3 capacity:	0
Designated Director:	Ryan Lcworthy	Hours/Days of Operation:	M-F 3:30-6:00 pm	Ages Served:	5-12y.o.

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: 2/22/24

ADMINISTRATION 19a-79-3a

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

<input type="checkbox"/> 19. (a)(1)	Staff health records
<input type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input type="checkbox"/> 23. (d)	Adequate staffing
<input type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	RATIOS
<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"/> (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 28.	GROUP SIZE
<input checked="" type="checkbox"/> 29.	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(5)(B)	Designated director-training
<input type="checkbox"/> 30. (e)(1)	CPR certified program staff
<input type="checkbox"/> 31. (f)(1)	First aid certified program staff
<input type="checkbox"/> 32. (f)(2)	PROFESSIONAL DEVELOPMENT
<input type="checkbox"/> 33.	Documentation
<input type="checkbox"/> (a)(2)	Health & Safety training
<input type="checkbox"/> (h)(1)(2)	1% annual hours
<input type="checkbox"/> (h)(1)(2)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 34.	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Non-swimmers identified
<input checked="" type="checkbox"/> (4)(C)(i)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(6)	CONSULTANTS
<input type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian <u>N/A</u>
<input type="checkbox"/> (i)	Consultant agreements-signed annually
<input type="checkbox"/> (i)(2)(A-H)	Agreements complete w/required services
<input type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input type="checkbox"/> (H)(i)-(I)(i)	Contracts Logs Visits

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian	—	—	

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Valley YMCA - SACC - Shelton		116682	3/18/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input type="checkbox"/> 39. (a)(2)(C) Child Health Records <input type="checkbox"/> 40. (a)(2)(E) Immunization records <input type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases <input type="checkbox"/> (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) <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"/> 77. (d)(6), (f)(3) <input checked="" type="checkbox"/> 78. (d)(7) <input checked="" type="checkbox"/> 79. (d)(8) <input checked="" type="checkbox"/> 80. (d)(8) <input checked="" type="checkbox"/> 81. (d)(9) <input checked="" type="checkbox"/> 82. (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> (d)(11) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input type="checkbox"/> (e)(3) <input type="checkbox"/> (e)(4) <input type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(6) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (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) <input type="checkbox"/> (e)(10) <input checked="" type="checkbox"/> (e)(11) <input checked="" type="checkbox"/> (e)(12) <input checked="" type="checkbox"/> (e)(13) <input checked="" type="checkbox"/> (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors 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 (N/A) 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) (N/A) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials	
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"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input type="checkbox"/> 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 89. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 92. <input type="checkbox"/> 93. <input type="checkbox"/> 94.		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 2/14/24 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(A) Lead Water Test - Date: _____ <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results lead identified <input type="checkbox"/> (c)(6)(B-D) Lead Management Plan not observed <input checked="" type="checkbox"/> 71. (d)(1) 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.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Valley Ymca - JACC - Shelter	LICENSE NUMBER	Nelson	DATE OF INSPECTION	3/18/25
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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.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
			WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

<input type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
<input type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input type="checkbox"/>	130.		SAFE SLEEP
<input type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/>		(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>		(g)(2)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>		(g)(8)	Safe sleep policies posted/parents informed
<input type="checkbox"/>	131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>	132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/>	133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/>	134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/>	136.		FEEDING
<input type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures 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)	EDUCATIONAL REQUIREMENTS
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<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.		DIAPERING
<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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input type="checkbox"/>	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
			Head teacher approved- 60%

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

PROGRAM NAME	Valley Ymca - SACC - Shelton	LICENSE NUMBER	116680	DATE OF INSPECTION	3/18/25
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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) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (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 checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172. <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii) (b)(2) (b)(3) (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 type="checkbox"/> 157. <input type="checkbox"/> 158. <input type="checkbox"/> 159. <input type="checkbox"/> 160. <input type="checkbox"/> 161. <input type="checkbox"/> 162. <input type="checkbox"/> 163. <input type="checkbox"/> 164. <input type="checkbox"/> 165. <input type="checkbox"/> 166. <input type="checkbox"/> 167. <input type="checkbox"/> 168. <input type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (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	<input checked="" type="checkbox"/> 180. -	n/a	Consent Order/Negotiated Corrective Action Plan conditions
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DISCUSSIONS - COMMENTS

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SIGNATURE OF OEC STAFF	K. Morgan	SIGNATURE OF PERSON IN CHARGE	F. Beall
PRINTED NAME	Kristin Morgan	PRINTED NAME	Felicia Beall

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: 4/1/25
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA SACC - Shelton License # 116686 Date: 3/19/25

Observations/Corrections needed:

items left blank were not monitored due to time constraints.
I will return another day to complete inspection.

1 - Current local health inspection not observed.

60 - 1st Aid kit missing tweezers.

62 - Current fire marshal certificate not observed.

70 - Lead management plan not observed.

discussed:

- Weed blocker coming out from under wood chips causing
a tripping hazard.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: Kim Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/1/24

Print Name: Felicia Beall