

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

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

<b>Program Name:</b>	YMCA SACC at Kelley School	<b>Date of Inspection:</b>	3-13-25	<b>Time of Arrival:</b>	3:10 pm
<b>Address:</b>	501 Ridgewood Rd.	<b>License Number:</b>	16358	<b>Expiration Date:</b>	3/31/29
<b>Town:</b>	Southington 06489	<b>Telephone Number:</b>	800-628-7104	<b>Summer Care:</b>	closed
<b>Operator:</b>	Southington Cheshire comm. YMCA	<b># of Staff Present:</b>	5	<b># over 3 Present:</b>	32
<b>Email:</b>	ncharnysh@sccymca.org	<b>Total Capacity:</b>	67	<b>Total Under 3 capacity:</b>	
<b>Designated Director:</b>	Nicholas Charnysh	<b>Hours/Days of Operation:</b>	M-F 1030-900 am 300-600 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.**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1/19/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records																				
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance																				
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing																				
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (d)(4)(A)	<b>RATIOS</b>																				
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors																				
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(6)	Mixed age group-ratios																				
<input checked="" type="checkbox"/> 11.		<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 12.	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 31.	<input checked="" type="checkbox"/> (d)(5)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (d)(2)(B)-C	Child Protection policy	<input checked="" type="checkbox"/> 32.	<input checked="" type="checkbox"/> (d)(5)(A)	<b>GROUP SIZE</b>																				
<input checked="" type="checkbox"/> 14.	<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 15.	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (e)(1)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 16.	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (f)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 17.	<input checked="" type="checkbox"/> (d)(5)	Supervision policy		<input checked="" type="checkbox"/> (f)(2)	Designated director-training																				
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> (d)(6)	General Operating policies		<input checked="" type="checkbox"/> (a)(2)	CPR certified program staff																				
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff																				
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies		<input checked="" type="checkbox"/> (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>																				
	<input checked="" type="checkbox"/> (d)(1)	Daily attendance-children/staff- keep 1 yr.		<input checked="" type="checkbox"/> (a)(2)	Documentation																				
	<input checked="" type="checkbox"/> (f)	<b>ACCESS</b>		<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training																				
	<input checked="" type="checkbox"/> (h)	Immediate access by parents		<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours																				
	(l)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (4)(C)(ii-v)	<b>SWIMMING ACTIVITIES - Y/N</b>																				
	(m)	2.8 yr olds enrolled in preschool-authorization		<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios																				
	(n)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified																				
	(o)	Capacity		<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older																				
	<input checked="" type="checkbox"/> (e)(1)	Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising																				
	<input checked="" type="checkbox"/> (e)(2)	<b>POSTINGS</b>		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<b>CONSULTANTS</b>																				
	<input checked="" type="checkbox"/> (e)(3)	License posted		<input checked="" type="checkbox"/> (i)	Consultants-Education, Health, Social Service, Dietitian (N/A)																				
	<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted		<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant agreements-signed annually																				
	<input checked="" type="checkbox"/> (e)(5)	Menus posted		<input checked="" type="checkbox"/> (F)	Agreements complete w/required services																				
	<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		<input checked="" type="checkbox"/> (i)(2)	Consultant logs-documented activities, observations and required services																				
		OEC Inspection report posted or available		(H)(i)-(I)(i)	Consultant visits- Education/Health																				
		Developmental Milestones posted			<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> <td></td> </tr> <tr> <td>Dietitian</td> <td>n/a</td> <td>✓</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	✓	✓	✓	Health	✓	✓	✓	Soc. Serv.	✓	✓		Dietitian	n/a	✓	
	Contracts	Logs	Visits																						
Education	✓	✓	✓																						
Health	✓	✓	✓																						
Soc. Serv.	✓	✓																							
Dietitian	n/a	✓																							

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

<b>PROGRAM NAME</b>	YMCA SACC at Kelley School	<b>LICENSE NUMBER</b>	16358	<b>DATE OF INSPECTION</b>	3.13.25
---------------------	----------------------------	-----------------------	-------	---------------------------	---------

**RECORD KEEPING 19a-79-5**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<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

**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only - N/A)
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	82.		<u>TOILETING</u>

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	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.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<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"/>	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"/>	83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	85.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	86.	(e)(1)	<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	87.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	88.	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	89.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	90.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	91.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	92.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	93.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	94.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		(e)(8)	<u>LIGHTING</u>
<input checked="" type="checkbox"/>		(e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		(e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/>		(f)(1)(A)	Results posted-Date: _____ (Schls-N/A)
<input checked="" type="checkbox"/>		(g)(1)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		(g)(2)	Program space-adequate-35 sq. ft. per child
<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)
<input checked="" type="checkbox"/>		(g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>		(g)(4)	Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8   23   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.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results management plan
<input checked="" type="checkbox"/>			Lead Management Plan every 6 months
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/>	95.	(e)(11)	
<input checked="" type="checkbox"/>	96.	(e)(12)	
<input checked="" type="checkbox"/>	97.	(e)(13)	
<input checked="" type="checkbox"/>	98.	(e)(14-15)	
<input checked="" type="checkbox"/>	99.	(e)(16)	
<input checked="" type="checkbox"/>	100.	(e)(17)	
<input checked="" type="checkbox"/>	101.	(e)(18)	
<input checked="" type="checkbox"/>	102.	(f)(1)(A)	
<input checked="" type="checkbox"/>	103.	(g)(1)	
<input checked="" type="checkbox"/>	104.	(g)(2)	
<input checked="" type="checkbox"/>	105.	(g)(3)	
<input checked="" type="checkbox"/>	106.	(g)(4)	
<input checked="" type="checkbox"/>	107.	(g)(4)	

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
YMCA SACC at Kelley School		16358	3.13.25
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) <input type="checkbox"/> (f)(2) <input type="checkbox"/> (f)(3) <input type="checkbox"/> (f)(4) <input type="checkbox"/> 130. <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(2) <input type="checkbox"/> (g)(3) <input type="checkbox"/> (g)(4) <input type="checkbox"/> (g)(5) <input type="checkbox"/> (g)(6) <input type="checkbox"/> (g)(7) <input type="checkbox"/> (g)(8) <input type="checkbox"/> 131. (h)(1) <input type="checkbox"/> 132. (h)(1) <input type="checkbox"/> 133. (h)(2) <input type="checkbox"/> 134. (h)(2) <input type="checkbox"/> 135. (i)(1)(2A-C) <input type="checkbox"/> 136. <input type="checkbox"/> (j) <input type="checkbox"/> (k)(1) <input type="checkbox"/> (k)(2) <input type="checkbox"/> (k)(3) <input type="checkbox"/> (k)(4) <input type="checkbox"/> (k)(5) <input type="checkbox"/> (l)(1) <input type="checkbox"/> (l)(2) <input type="checkbox"/> 139. (l)(3)
<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.		<u>OUTDOOR SPACE</u>	
	<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.		<u>OUTDOOR PROTECTED/FENCING</u>	
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	
	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- N/A 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 N/A	
EDUCATIONAL REQUIREMENTS 19a-79-8a			
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	
<input checked="" type="checkbox"/> 116.	(a) <input checked="" type="checkbox"/> (1)-(11)  <input checked="" type="checkbox"/> (b)	<u>EDUCATIONAL REQUIREMENTS</u> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games	
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	
<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140. (b)
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> (c)
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(3)
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e) <input checked="" type="checkbox"/> 145. (f) <input checked="" type="checkbox"/> 146. (g)
<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)	Optimal furniture/equip-safe/hazard free	
<input type="checkbox"/> 128.		<u>DIAPERING</u>	
	<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	
		<u>LINENS/CLOTHING</u>	
		Linens/emergency clothing available	
		Linens washed weekly or as needed	
		Linens/clothing stored individually	
		Cribs/cots cleaned-linens changed when shared	
		<u>SAFE SLEEP</u>	
		Under 12 mths placed on back for sleeping	
		Crib-slug fitting mattress/tightly fitted sheet	
		Alternate sleep position/equipment-medical documentation for medical reason on file	
		Infants allowed to adopt other sleep positions	
		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
		No unapproved sleeping-car seats/swings/beds, etc.	
		No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
		Observe/assess infants at least every 15 minutes	
		Teething necklaces/bracelets, jewelry inaccessible	
		Safe sleep policies posted/parents informed	
		Infant toys-separate/washed/sanitized daily	
		Toddler toys-washed/sanitized weekly	
		No toys/objects less than 1 ¼ " diameter	
		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
		Health consultant visits/documentation	
		<u>FEEDING</u>	
		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
		Written feeding schedule from parent-updated	
		Unused formula/milk discarded after feedings	
		Clean bottles/disposable bottles/appvd washing	
		Baby food served from dish or whole jar	
		Bottles labeled with child's name	
		Outdoor spaced fenced-4 ft lic. after 1/1/25	
		Outdoor equipment-developmentally appropriate for ages of the children	
		Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety	
		<u>SCHEDULE - ACTIVITIES</u>	
		Written daily program plan-flexible schedule-available to staff/parents	
		Activities not a duplication of child's day	
		Activities include cognitive, physical, social, emotional needs of the children	
		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
		Ratio- 1:15	
		Group size- max. 30	
		4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
		Head teacher approved- 60%	

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

**PROGRAM NAME** YMCA SACC at Kelley School **LICENSE NUMBER** 16 358 **DATE OF INSPECTION** 3.13.25

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N** Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y

<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. (b)(1)(A)	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (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. (b)(6)	<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	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)(B)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	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** Y **ADDITIONAL VIOLATION**

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

<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned	<b>DISCUSSIONS - COMMENTS</b>  <u>Head teacher last day 3.13.25. Submit interim head teacher plan.</u>  <u>one staff physical not on site.</u>	
<input checked="" type="checkbox"/> (a)(3)(A-B)			
<input checked="" type="checkbox"/> (a)(3)(C)			
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage N/A		
<input checked="" type="checkbox"/> (b)(1)(D)			
<input checked="" type="checkbox"/> (b)(1)(E)			
<input checked="" type="checkbox"/> (b)(1)(F)			
<input checked="" type="checkbox"/> (b)(2)(A-B)			
<input checked="" type="checkbox"/> (b)(2)(C)			
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)			
<input checked="" type="checkbox"/> 162. (b)(3)(D)			
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)			
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)			
<input checked="" type="checkbox"/> 165. (b)(5)(C)			
<input type="checkbox"/> 166. (b)(5)(D)			
<input checked="" type="checkbox"/> 167. (b)(5)(E)			
<input checked="" type="checkbox"/> 168. (b)(6)			
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)			
<input checked="" type="checkbox"/> 170. (d)			

<b>SIGNATURE OF OEC STAFF</b>	<u>Betty mayer</u>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<u>[Signature]</u>
<b>PRINTED NAME</b>	<u>Betty Mayer</u>	<b>PRINTED NAME</b>	<u>Wendy G. P. Fisher</u>

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.  
Written Corrective Action Plan Due by: 3/27/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA SACC at <sup>Kelley</sup> School License # 16358 Date: 3.13.25

Observations/Corrections needed:

Program not in compliance when...

#37(a)(1)(D)(ii) Authorized release permission not observed. Emergency contacts listed, not authorized to pick up.

#70(c)(6)(B-D) Lead management plan not current. Should be monitored every 6 months. Last monitor December 2023.

#102 CO Detector not working.

#166 observed one expired epipen on site and unused epipen and benadryl.

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

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

Signature: Betty Mayer  
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/27/25

Signature: Wendy Fisher  
(Person in Charge)

Print Name: Wendy Fisher