

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

YWCA East Hartford Early Learn	3/31/25	920AM
9 Signer St	15917	6/30/25
East Hartford, CT 06108	8602912100	open
YWCA Hartford Region INC	# of Staff Present: 9	# over 3 Present: 25
annh@ywcahartford.org	Total Capacity: 56	Total Under 3 capacity: 16
Ann Hatten		# under 3 Present: 10
		Ages Served: 6W-5YS
		M-F 7am-530pm

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

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

	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 type="checkbox"/>	<input checked="" type="checkbox"/>

YUNGA East Hartford LLC

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6.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
7.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
8.	(a)(2)(A-B)	Child Health Records		(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
9.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 77.	(d)(7)	Individual storage of clothing and bedding
10.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 78.		SMOKING
1.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
2.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
3.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		(d)(9)	Electrical safety - outlets inaccessible - covered or protected
4.	(a)(3)(D)	Notify DPH, local health-reportable diseases			TOILETING
5.	(a)(4)	Video recordings- keep 30 days	<input type="checkbox"/> 81.		Shared toilets/sinks-supervision plan

6.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	Toileting needs met
7.	(a)(2)	Nutritious meals and snacks		<input checked="" type="checkbox"/> (d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
8.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
9.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(C)	Toileting Supplies-Hand drying-Garbage
0.	(a)(5)	Food Service Inspection <u>3/11/24</u> (N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
1.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Toilets/sinks located at the facility
2.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(F)	Well lighted/ventilated toilet rooms
3.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
4.	(a)(9)	Kitchen separated (N/A)		<input checked="" type="checkbox"/> (d)(10)(H)	Staff personal articles inaccessible
5.	(a)(10)	Children supervised during meal prep		(d)(11)	AIR TEMPERATURE
6.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
7.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
8.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 87.	(e)(3)	Water temperature 60°F-120°F
9.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 88.	(e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (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"/> 90.	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
			<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard

2.	(a)(2)	Fire marshal codes/certificate <u>7/31/24</u>		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
3.	(b)	Indoor/Outdoor space inspected/approved		<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
4.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
5.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (e)(8)	LIGHTING
6.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
7.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
8.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
9.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY -Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 99.	(e)(10)	Light fixtures shielded/shatter proof
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>5/17/24</u>	<input checked="" type="checkbox"/> 100.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____	<input checked="" type="checkbox"/> 101.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible (N/A)	<input checked="" type="checkbox"/> 102.	(e)(13)	Stairs-protected/good repair-handrails
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____	<input checked="" type="checkbox"/> 103.	(e)(14-15)	Toxic plants/materials inaccessible
		Lead Management Plan _____	<input checked="" type="checkbox"/> 104.	(e)(16)	Pets or other animals-in good health, written care plan including access to children
		Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 105.	(e)(17)	Measures to prevent vermin
			<input checked="" type="checkbox"/> 106.	(e)(18)	Radon test- Results: <u>44</u> (Schls-N/A)
			<input checked="" type="checkbox"/> 107.	(f)(1)(A)	Carbon monoxide detector-each level N/A
				(g)(1)	Program space-adequate-35 sq. ft. per child
				(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
					Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME YMCA East Hartford LLC	LICENSE NUMBER 15917	DATE OF INSPECTION 3/3/25
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PHYSICAL PLANT 19a-79-10 cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
110.	(j)	No weapons/no facsimile of a firearm
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-
112.		OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (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
114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

128.		<input checked="" type="checkbox"/> (e)(2)		DIAPERING cont.
		<input checked="" type="checkbox"/> (e)(3)		Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/> (e)(4)		Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/> (e)(5)		Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(6-9)		Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(7)		Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(8)		Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(10)(A-C)		Diapering-Handwashing policies-posted/checked
129.		<input checked="" type="checkbox"/> (f)(1)		Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (f)(2)		LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(3)		Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(4)		Linens washed weekly or as needed
130.		<input checked="" type="checkbox"/> (g)(1)		Linens/clothing stored individually
		<input checked="" type="checkbox"/> (g)(1)		Cribs/cots cleaned-linens changed when shared
		<input checked="" type="checkbox"/> (g)(1)		SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(2)		Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(3)		Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(4)		Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(5)		Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(6)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(7)		No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(8)		No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
131.		<input checked="" type="checkbox"/> (h)(1)		Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (h)(1)		Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (h)(2)		Safe sleep policies - parents informed
		<input checked="" type="checkbox"/> (h)(2)		TOYS AND OTHER OBJECTS
		<input checked="" type="checkbox"/> (i)(1)(2A-C)		Infant toys-separate/washed/sanitized daily
135.		<input checked="" type="checkbox"/> (k)(1)		Toddler toys-washed/sanitized weekly
136.		<input checked="" type="checkbox"/> (k)(2)		No toys/objects less than 1 1/4" diameter
		<input checked="" type="checkbox"/> (k)(3)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		<input checked="" type="checkbox"/> (k)(4)		Health consultant visits/documentation
		<input checked="" type="checkbox"/> (k)(5)		FEEDING
137.		<input checked="" type="checkbox"/> (l)(1)		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (l)(2)		Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (l)(3)		Unused formula/milk discarded after feedings
138.		<input checked="" type="checkbox"/> (m)(1)		Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (m)(2)		Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (m)(3)		Bottles labeled with child's name
139.		<input checked="" type="checkbox"/> (n)(1)		Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input checked="" type="checkbox"/> (n)(2)		Outdoor equipment-developmentally appropriate for ages of the children
		<input checked="" type="checkbox"/> (n)(3)		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
	<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10

117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.	(e)(1)	DIAPERING
		Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

140.	(b)	Approved Schl Age Endorsement
141.	(c)	SCHEDULE - ACTIVITIES
	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
143.	(d)	Ratio- 1:15
144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

SCHOOL AGE ENDORSEMENT 19-75-11 **Y/N** **LICENSE NUMBER** 15917 **DATE OF INSPECTION** 3/3/25

145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	

NIGHT CARE ENDORSEMENT 19-75-12 (19-75-12) Y/N

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

ADMINISTRATION OF MEDICATIONS 19-75-9a Y/N **ADDITIONAL VIOLATION**

157. (9a)	Written medication policies/procedures	<input 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 per new regulations
checklist shown on OEC website
- health + safety training by 4/1/25
- post more emergency phone numbers
- water stain in fireflies room

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

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

Signature of OEC staff *Frank Miller* **Signature of person in charge** *Ann Horton*
Printed Name *Frank Miller* **Printed Name** *Ann Horton*

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan
 Due by: 4/14/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA East Hartford LLC License # 15917 Date: 3/31/25

Observations/Corrections needed:

- Regulations Not in compliance when observed:
- ^{130(a)(6)(c)} #18 - Administrative oversight policy Not posted
- #35(A) Dietitian review of policy/procedure Not observed for current year.
- #40 - 2 care plans Not available for 2 children
- #106 - Dusty vents in toddler bath, Ladybugs bath, Staff bath.
- #84(e)(1) - wall thermometers Not observed in Infants (not working) and toddlers rooms
- #104 - Peeling Leather couch in Ladybugs.
- #111(h)(3) observed rust on cone speaker on preschool (over 35) playground.
- #128(e)(8) handwashing policy Not posted in Infant and toddler rooms
- #136(f)(1) - written infant feeding schedules Not available Teacher/Staff indicated orally given by parents

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

REC BY: 4/14/25

Signature: [Signature]
Print Name: [Name]

Signature: [Signature]
Print Name: Ann Horton
(Person in Charge)