

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Facility Name:	YMCA Naubuc STCD	Date of Inspection:	4/2/25	Time of Arrival:	1:30pm
Address:	82 Griswold St	License Number:	12377	Expiration Date:	3/31/29
City:	Glastonbury, CT 06033	Telephone Number:	860 550 4368	License Category:	Closed
Operator:	YMCA of Metro Hartford	# of Staff Present:	4	Enrollment:	25
Email:	Cassidy.Flanagan@ymca.org	Age Served:	5yrs - 12yrs	Total Capacity:	76
Inspected By:	Cassidy Flanagan	Days of Operation:	M-F	Hours of Operation:	8:45 to 1:05pm

Inspection Codes: 1 - Regulation & Compliance 0 - Regulated and in Compliance N/A - Not applicable to this facility

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 4/1/25

ADMINISTRATION 19a-79-3a

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

STAFFING and CONSULTANTS 19a-79-4a

19. (a)(1)
 20. (a)(3)
 21. (b)
 21a. (b)(2)
 22. (b)(4)
 23. (d)
 25. (d)(2)
 26. (d)(3)(A-C)
 28. (d)(4)(D)
 29. (d)(5)(A)
 30. (e)(1)
 31. (f)(1)
 32. (f)(2)
 33. (a)(2)
 (h)(1)
 (h)(2)
 34. (4)(C)(ii-v)
 (4)(C)(i)
 (e)(6)
 (e)(6)
 35. (i)(1)(A)-(D)
 (i) -
 (i)(2)(A-H)
 (F)
 (i)(2)
 (H)(i)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Past employment history
 Evidence of compliance -with bknd cks/history
 Adequate staffing
 Two staff present-age 18 or older
 Personal qualities of staff
 Supervision-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Designated director-training
 CPR certified program staff
 First aid certified program staff

PROFESSIONAL DEVELOPMENT
 Documentation
 Health & Safety training
 1% annual hours

SWIMMING ACTIVITIES - YAO
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising

CONSULTANTS
 Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 Consultant agreements-signed annually-agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

YMCA Naubuc SACD

12377

4/2/25

RECORDS

PHYSICAL PLANT 19-79-74

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)
	<input checked="" type="checkbox"/> (d)(8)
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)
	<input checked="" type="checkbox"/> (d)(10)(B)
	<input checked="" type="checkbox"/> (d)(10)(D)
	<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)
	(d)(11)
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)
	(e)(4)
	(e)(6)
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)
	(e)(10)
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)
	<input checked="" type="checkbox"/> (e)(9)
	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 95.	(e)(10)
<input checked="" type="checkbox"/> 96.	(e)(11)
<input checked="" type="checkbox"/> 97.	(e)(12)
<input checked="" type="checkbox"/> 98.	(e)(13)
<input checked="" type="checkbox"/> 99.	(e)(14-15)
<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"/> 107.	(g)(4)
<input checked="" type="checkbox"/> 108.	(g)(5)
<input checked="" type="checkbox"/> 109.	(g)(6)
<input checked="" type="checkbox"/> 110.	(i)
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)

SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible

TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Required toilets/sinks-1:25
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94)(Grp Homes)

AIR TEMPERATURE
Air temp < 65°F comfortable
Air temp > 80 °F - ↑ fluids/ventilation
Portable space heaters prohibited
Hot water/Steam pipes protected

TELEPHONE/NUMBERS
Working phone on each level
Emergency numbers posted-adjacent to ph
Parents provided direct on site phone num

LIGHTING
All areas min. 1 foot candle of lighting
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, mat
labeled, inaccessible
Garbage/rubbish-disposed of daily,
containers in good repair
Stairs-protected/good repair-handrail
Toxic plants/materials inaccessible
Pets or other animals-in good health,
care plan including access to children

Radon test- Results: _____ (Sch
Carbon monoxide detector-each level
Program space-adequate-35 sq. ft.
Equipment-clean and safe, good re
toxic-sturdy, free from protruding na
Developmentally app equipment,
Manufacture guidelines followed-
equipment and toys-CPSC uns
Indoor climbing play equipment-
absorbing materials under and
No weapons/no facsimile of a fire

OUTDOOR SPACE
Adequate space- 75 sq. ft. per ch
Shock absorbing surfaces-mini
Playground free from hazards
Nuts, bolts, screws-tight, cover
Outside equipment anchored-
New equip- cert playg. Inspectio
Drinking water available/acce
Equipment arranged for safe
equip/fences/structures not

OUTDOOR PROTECTED/E
Playground protected from
gullies or other hazards
Fences installed to protect f
self closing and self latching
Rooftop play areas-6 ft. wall

WATER HAZARDS
Pools, swimming areas-con
Wading pools prohibited
Hot tubs/spas/saunas-lock

FOOD SAFETY 19-79-61

<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 (N/A)
<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"/> 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"/> 59.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<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"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 97.	(e)(11)
<input checked="" type="checkbox"/> 98.	(e)(12)
<input checked="" type="checkbox"/> 99.	(e)(13)
<input checked="" type="checkbox"/> 101.	(e)(14-15)
<input checked="" type="checkbox"/> 102.	(e)(17)
<input checked="" type="checkbox"/> 103.	(e)(18)
<input checked="" type="checkbox"/> 104.	(f)(1)(A)
<input checked="" type="checkbox"/> 107.	(g)(1)
<input checked="" type="checkbox"/> 108.	(g)(4)
<input checked="" type="checkbox"/> 109.	(g)(5)
<input checked="" type="checkbox"/> 110.	(g)(6)
<input checked="" type="checkbox"/> 111.	(i)
	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)

PHYSICAL PLANT 19-79-74

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 8/19/24
<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"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<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)	WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessibile
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (d)(2)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(3)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(5)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(6), (f)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.		Overhead doors-locks/spring protectors
		Exits, stairs, hallways unobstructed (N/A)

<input checked="" type="checkbox"/> 109.	(g)(6)
<input checked="" type="checkbox"/> 110.	(i)
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)
	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)

PROGRAM NAME YMCA NAubuc SACD	LICENSE NUMBER 12377	DATE OF INSPECTION 4/2/2
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SCHOOL AGE ENDORSEMENT (9-11) **MONITORING OF DIABETES (9-11)**

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" 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
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training - first aid
	(i)-(iii)	Staff training - use/storage/maintenance monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS (9-11) (N/A)

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	NONPRESC. TOPICAL MEDICATION
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication
	<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector
	(b)(3)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/> 161.	(b)(3)(D)	Training outline on file
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission
	(b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification
	(b)(5)(A-B)	Medication Administration Records (MAR)
	(b)(5)(C)	Labeling and Storage
	(b)(5)(D)	Emergency medication inaccessible
	(b)(5)(E)	Unused/Expired meds-destroyed/returned
	(b)(6)	Auto-injector/inhalant equipment
	(b)(7)(A-B)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(d)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
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DISCUSSIONS/COMMENTS

- update policies per checklist of new regulations

- Administrative oversight to correlate with sample policies on OEC website, posted

Signature of OEC staff <i>Shirley Keller</i>	Signature of Director <i>Cassidy Flanagan</i>
Printed Name <i>Kellerman</i>	Printed Name <i>Cassidy Flanagan</i>
Inspection shall be posted or available for review at:	
Written Corrective Action Plan Due by:	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-disputed-violations.pdf/