

**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:	Southington Community SA YMCA Program	Date of Inspection:	4.2.25	Time of Arrival:	11:00 am
Address:	29 High St.	License Number:	15656	Expiration Date:	11/30/25
Town:	Southington 06489	Telephone Number:	860-426-9587	Summer Care:	open
Operator:	Southington Cheshire Comm. YMCA	# of Staff Present:	10	# over 3 Present:	68
Email:	ncharnysh@sccymca.org	Total Capacity:	100	Total Under 3 capacity:	0
Designated Director:	Nicholas Charnysh	Hours/Days of Operation:	M-F 6:30 am to 6:00 pm		

Instruction Codes:  = Regulation in Compliance  = Regulation not in Compliance N/A = Not applicable at this time

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**

1. (c)(8) Local Health Inspection-Date: 1/19/24

**ADMINISTRATION 19a-79-3a**

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

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history *
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	<b>RATIOS</b>
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (b)(1)	Health & Safety training
<input checked="" type="checkbox"/> (b)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2) (H)(i)-(I)(i)	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	n/a	n/a	

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

<b>PROGRAM NAME</b>	Southington Community YMCA School Age	<b>LICENSE NUMBER</b>	15656	<b>DATE OF INSPECTION</b>	4-2-25
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**RECORD KEEPING 19a-79-5a**

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. PARENT PERMISSIONS
  - (a)(1)(D)(i) Emergency medical permission
  - (a)(1)(D)(ii) Authorized release permission
  - (a)(1)(D)(iii) Field trip permission
  - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

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

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59.  (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

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

- 62. (a)(2) Fire marshal codes/certificate 12/30/24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69.  (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 1/10/24
- (c)(5)(B) Bact./Chem Test-Date: (N/A)
- (c)(5)(C) Drinking water available/accessible
- 70.  (c)(6)(A) LEAD PAINT Building Pre-78: Y/N Lead Test: Y/N Results no lead identified
- (c)(6)(B-D) Lead Management Plan n/a every 6 months
- Peeling Paint -  Inside/Outside

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

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. SMOKING
- (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 82. TOILETING
- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located at the facility
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- 83. (d)(11) Staff personal articles inaccessible
- 84. AIR TEMPERATURE
- (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(3) Water temperature 60°F-120°F
- (e)(4) Portable space heaters prohibited
- 88. WALLS/CEILINGS/FLOORS/RUGS
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(5) Rugs- not a tripping/slipping hazard
- 90. (e)(6) Hot water/Steam pipes protected
- 91. TELEPHONE/TELEPHONE NUMBERS
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- 94. LIGHTING
- (e)(8) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
- (e)(9) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- 97. (e)(12) Stairs-protected/good repair-handrails
- 98. (e)(13) Toxic plants/materials inaccessible
- 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 100. (e)(16) Measures to prevent vermin
- 101. (e)(17) Radon test- Results: 4.5 (Schls-N/A)
- 102. (e)(18) Carbon monoxide detector-each level N/A
- 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- 107. (g)(4) Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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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.		<b>OUTDOOR SPACE</b>
	<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.		<b>OUTDOOR PROTECTED/FENCED</b>
	<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
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		<b>WATER HAZARDS</b>
	<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)

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

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
	<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 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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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.		<b>DIAPERING</b>
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

128.	<input type="checkbox"/> (e)(2)	<b>DIAPERING cont.</b>
	<input type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
	<input type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
	<input type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
	<input type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
	<input type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
	<input type="checkbox"/> (e)(8)	Handwashing-staff/children
	<input type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/> 129.		<b>LINENS/CLOTHING</b>
	<input type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
	<input type="checkbox"/> (f)(2)	<b>LINENS/CLOTHING</b>
	<input type="checkbox"/> (f)(3)	Linens/emergency clothing available
	<input type="checkbox"/> (f)(4)	Linens washed weekly or as needed
<input type="checkbox"/> 130.		Linens/clothing stored individually
	<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/> 131.		Teething necklaces/bracelets, jewelry inaccessible
	<input type="checkbox"/> (h)(1)	Safe sleep policies - parents informed
	<input type="checkbox"/> (h)(1)	<b>TOYS AND OTHER OBJECTS</b>
	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
	<input type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
	<input type="checkbox"/> (h)(2)	No toys/objects less than 1 ¼ " diameter
	<input type="checkbox"/> (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 135.		Health consultant visits/documentation
<input type="checkbox"/> 136.		<b>FEEDING</b>
	<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)	Bottles 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 ¼ "-or measures in place to ensure their health & safety

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

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
	<input checked="" type="checkbox"/> (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
		Group size- max. 30

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<b>PROGRAM NAME</b>	Southington Community YMCA School-Age	<b>LICENSE NUMBER</b>	15656	<b>DATE OF INSPECTION</b>	4.2.25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>			<b>MONITORING OF DIABETES 19a-79-13</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>		
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	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
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>			<input type="checkbox"/> 173.	<input type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3)	
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 153.	<input type="checkbox"/> (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> (b)(7)	SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants			
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft			
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input type="checkbox"/> 156.	(b)(10)	Local health approval			
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>			<b>ADDITIONAL VIOLATION</b>		
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input type="checkbox"/> 180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<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) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned	<b>DISCUSSIONS/COMMENTS</b>  * items new regulations          NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <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)	MEDICATION TRAINING 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			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)			
<b>Signature of OEC staff</b>	Betty Mayer		<b>Signature of person in charge</b>		Melissa Newman
<b>Printed Name</b>	Betty Mayer		<b>Printed Name</b>		Melissa Newman
<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>			Inspection shall be posted or available for review upon request.		
			<b>Written Corrective Action Plan Due by:</b> 4/16/25		<b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southington Community YMCA School-Age License # 15650 Date: 4-2-25

Observations/Corrections needed:

Program not in compliance when...

#37 (a)(1)(D)(ii) Four children missing authorized release permission.

#88 (e)(5) Two stained ceiling tiles observed in Room 201.

discussed: ① toilet seats loose in room 201 bathroom

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

Signature: Melissa Newman  
*(Person in Charge)*

OEC BY: 4/16/25

Print Name: Melissa Newman