



CARE CENTER and HOME INSPECTION

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

YMCA Child Care Center
770 Main St
East Hartford, CT 06108
YMCA of Metro Hartford
Lourdes. Ayala@ghymca.org
Lourdes Upreti
4/4/25
15820
8602896012
8:00am
8/3/25
open
of Staff Present: 6
Total Capacity: 57
over 3 Present: 13
Total Under 3 capacity: 16
under 3 Present: 11
Ages Served: low-5yrs
M-F 7am-6pm

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

Local Health Inspection-Date: 4/28/25

(c)(8)	Local Health Inspection-Date: 4/28/25	19. <input checked="" type="checkbox"/> 20. <input checked="" type="checkbox"/> 21. <input checked="" type="checkbox"/> 21a. <input checked="" type="checkbox"/> 22. <input checked="" type="checkbox"/> 23. <input checked="" type="checkbox"/> 24. <input checked="" type="checkbox"/> 25. <input checked="" type="checkbox"/> 26. <input checked="" type="checkbox"/> 27. <input checked="" type="checkbox"/> 28. <input checked="" type="checkbox"/> 29. <input checked="" type="checkbox"/> 30. <input checked="" type="checkbox"/> 31. <input checked="" type="checkbox"/> 32. <input checked="" type="checkbox"/> 33. <input checked="" type="checkbox"/> 34. <input checked="" type="checkbox"/> 35. <input checked="" type="checkbox"/>	(a)(1) (a)(3) (b) (b)(2) (b)(4) (d) (d)(1)-(e)(2) (d)(2) (d)(3)(A-C) (d)(4)(A) (d)(4)(B) (d)(6) (d)(4)(D) (d)(5) (d)(5)(A) (d)(5)(B) (e)(1) (f)(1) (f)(2) (g)(2) (h)(1) (h)(2) (4)(C)(ii-v) (4)(C)(i) (e)(6) (e)(6) (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 Designated head teacher-approved-60% Two staff present-age 18 or older Personal qualities of staff RATIOS Ratio 1:10 - Indoors/Outdoors Mixed age group Nap time ratio Supervision-Indoors/Outdoors GROUP SIZE Group Size-Indoors/Outdoors Group Size-school age field trips/outdoors Mixed age group-group size Designated director-training CPR certified program staff First aid certified program staff PROFESSIONAL DEVELOPMENT Documentation of prof. dev/trainings Health & Safety training 1% annual hours SWIMMING ACTIVITIES - Y/N 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
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Ensuring health & safety of children
Overall management of program
Employee orientation for new program staff
Annual policy training for program staff
Child behavior management
Documentation that parents were informed of behavior management techniques
Child Protection
Mandated Reporting
Notification of Change
POLICIES-COMplete/IMPLEMENTED
Discipline policy
Child Protection policy
Closing time policy
Medical emergency policy
Multi-Hazards policy-annual drill
Supervision policy
General Operating policies
Administrative Oversight policy
Personnel policies
Daily attendance-children/staff- keep 1 yr.
ACCESS
Immediate access by parents
Immediate access by OEC-facility/records
2.8 yr olds in prek-authorization
Motor vehicle laws-transportation
Capacity
Respond to OEC-no false, misleading statements or documents
POSTINGS
License posted
OEC Complaint Procedure posted
Administrative Oversight policy
Menus posted
No Smoking posted signs at entrances
OEC Inspection report posted or available
Dev. Milestones posted
Radon Test posted (Schls-N/A)
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

YMCA Child Care Center

15820

4/4/25

RECORD KEEPING

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission 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"/> 71.	(d)(1)
<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)
<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)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 86.	(e)(3)
<input checked="" type="checkbox"/> 87.	(e)(4)
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)
<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"/> (e)(9) <input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> 95.	(e)(11)
<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"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

Emergency vehicle access
Walkways maintained
Windows protected to prevent falls
Window screens
Glass/mirrors protected- 36"
Overhead doors-locking devices, spring protectors (N/A)
Exits, stairs, hallways unobstructed
Individual storage of clothing and bedding

SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety - outlets inaccessible - covered or protected

TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
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 N/A)
Staff personal articles inaccessible

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 <u>11/2/25</u> (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 (N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated
<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) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)
<input checked="" type="checkbox"/> 86.	(e)(3)
<input checked="" type="checkbox"/> 87.	(e)(4)
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)
<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"/> (e)(9) <input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> 95.	(e)(11)
<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"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

AIR TEMPERATURE
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 66°F-120°F
Portable space heaters prohibited

WALLS/CEILINGS/FLOORS/RUGS
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not a tripping/slipping hazard
Hot water/Steam pipes protected

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

LIGHTING
All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-sufficient lighting to be visible
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials labeled, inaccessible
Garbage/rubbish-disposed of daily, containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written care plan including access to children
Measures to prevent vermin
Radon test- Results: 5 (Schls-N/A)
Carbon monoxide detector-each level N/
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
Air conditioners/water heaters/fuse boxes inaccessible
Developmentally app equipment, material

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>6/11/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 65.	(b)(6)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 66.	(c)(2)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 67.	(c)(3)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 68.	(c)(4)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>5/5/23</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	LEAD PAINT - Building Pre-78: <u>Y</u> Lead Test: <u>Y</u> Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <u>Y</u> Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(11)
<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"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)
<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Y. McA Child Care Center **LICENSE NUMBER:** 15820 **DATE OF INSPECTION:** 4/4/25

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 checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(i)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.	(h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)	OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.	(h)(7) (h)(7)(A) (h)(7)(B)	OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards 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.	(h)(7)(C) (i) (i)	Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)

<input checked="" type="checkbox"/> 128.	(e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C)	
<input checked="" type="checkbox"/> 129.	(f)(1) (f)(2) (f)(3) (f)(4)	
<input checked="" type="checkbox"/> 130.	(g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8)	
<input checked="" type="checkbox"/> 131.	(h)(1) (h)(1) (h)(2) (h)(2)	
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.	(j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)	
<input checked="" type="checkbox"/> 137.	(l)(1)	
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 139.	(l)(3)	

DIAPERING cont.
Diaper area: used only for this purpose, located in the program area
Diaper area: non-porous surface/good repair
Diaper area: washed/disinfected after use
Diaper area: disposable paper sheets
Covered waste receptacle-removed daily
Handwashing-staff/children
Diapering-Handwashing policies-posted/followed
Cloth diapers-written plan developed

LINENS/CLOTHING
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
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 - parents informed

TOYS AND OTHER OBJECTS
Infant toys-separate/washed/sanitized daily
Toddler toys-washed/sanitized weekly
No toys/objects less than 1 1/4" diameter
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
Health consultant visits/documentation

FEEDING
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 washin
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 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a) (1)-(11) (b)	EDUCATIONAL REQUIREMENTS 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

<input checked="" type="checkbox"/> 131.	(h)(1) (h)(1) (h)(2) (h)(2)	
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.	(j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)	
<input checked="" type="checkbox"/> 137.	(l)(1)	
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 139.	(l)(3)	

UNDER THREE ENDORSEMENT 19a-79-10

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

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c) (c)(1) (c)(2) (c)(3)	SCHEDULE - ACTIVITIES Written daily program plan-flexible schedu 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-concep activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME YMCA Child care center	LICENSE NUMBER 15820	DATE OF INSPECTION 4/4/25
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<input checked="" type="checkbox"/> 145. (f)	<input type="checkbox"/> 146. (g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172.	(a)(1) <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12) (N/A)				
<input type="checkbox"/> 147. (b) <input type="checkbox"/> 148. (b)(1) <input type="checkbox"/> 149. (b)(2)	<input type="checkbox"/> 150. (b)(3) <input type="checkbox"/> 151. (b)(4) <input type="checkbox"/> 152. (b)(5) <input type="checkbox"/> 153. (b)(6) <input type="checkbox"/> 154. (b)(8) <input type="checkbox"/> 155. (b)(9) <input type="checkbox"/> 156. (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a (N/A)	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a)	<input checked="" type="checkbox"/> 159. (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	<input checked="" type="checkbox"/> 160. (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) <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 checked="" 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)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned 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 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"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
DISCUSSIONS/COMMENTS Update policies/procedures per new Reg website shown w/ checklist. - update Educational requirements - More detailed written feeding infant schedule (formula/母乳, how many ozs and how often) by parents. - Preschool back room - not clean - Still remain compliant - staff bath - vent dusty - Staff not enough 10 hrs. - Local health Expires 4/28/25 NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.						

Signature of OEC staff	<i>Ma Kellerman</i>	Signature of person in charge	
Printed Name	Kellerman	Printed Name	Laureles Ufret Ayala
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		Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4/18/25	
		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center License # 15820 Date: 4/4/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #5 - 4 staff not have annual policy review
- #18-3(d)(6)(c) Administrative oversight not posted. 10(9)(8) Infant safe sleep not posted
- #19 - 4 staff temps from Delta-T group - no staff health records on site
- #21 - 4 - BCIS not conducted for staff from Delta-T group
- #27(d)(4)(A) - observed 1 staff leave classroom (preschool) with 1 child, leaving 12 children with 1 staff alone. Then observed YMCA staff come into room with 1 staff from Delta-T. Then YMCA staff went to go leave classroom to find the 1 ch with Delta-T group. YMCA staff didn't leave due to oec staff indicating ratios compliance. Discussed importance of ratios/staff in classroom
- #35(c)-(2)(A-H) Education, Social service + dietitian agreements not current with new regulations
- #40 - 2 care plans not signed by staff with children with meds.
- #95 - Buoch/water spray bottles not labeled with dilutions

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: *Ma Miller*
(OEC Representative)
 Print Name: Ma Miller
 Signature: *Laura Ayala*
(Person in Charge)
 Print Name: Laura Street Ayala

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/15/25

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Child Care Center

License # 15820

Date: 4/4/25

Observations/Corrections needed:

#111(h)(2) - observed shock absorbing material (mulch) not sufficient 8 inches around small climber
#112(h)(7)(A) - Measured 44-46 in in some areas of outer fence playground around parking lot and street

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

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

Signature:

[Signature]

(OEC Representative)

Print Name:

Hellerman

Signature:

[Signature]

(Person in Charge)

Print Name:

Lourdes Cret Ayala

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY:

4/18/25