

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

YMCA Preschool	4/9/25	84621
90 National Dr	106694	4/30/25
Blair St, Storrs, CT 06263	800 633 654	open
YMCA of Metro Hartford Inc	# of Staff Present: 3	# over 3 Present: 9
Ashlie Demarco@yhcma.org	Total Capacity: 40	Total Under 3 capacity: 0
Ashlie Demarco		# under 3 Present: 0
		Ages Served: 3yrs-5yrs
		M-F 7am-6pm

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: <u>4/26/25</u> <u>10/17/23</u>	<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
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	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
<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
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	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%
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	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
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<b>POLICIES-COMLETE/IMPLEMENTED</b>	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 28. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 29. (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	(e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	(f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> 30. (f)(2)	Designated director—training
<input checked="" type="checkbox"/> (d)(1)	Personnel policies	<input checked="" type="checkbox"/> 31. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (f)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 32. (h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 13. (h)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 33. (h)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 14. (l)	Immediate access by parents	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 15. (m)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 16. (n)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 17. (o)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 18. 3a(e)(1)	Capacity	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 3a(e)(2)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i) – (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(d)(6)(C)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> (F)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 3a(e)(3)	License posted	<input checked="" type="checkbox"/> (i)(2)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> 3a(e)(4)	OEC Complaint Procedure posted	(H)(i)-(I)(i)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 3a(e)(5)	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(6)	Menus posted		Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(6)	No Smoking posted signs at entrances		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
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted		Contracts Logs Visits
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)		Education / / /
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted		Health / / /
			Soc. Serv. / / /
			Dietitian / / /

YMCA preschool

106694

4/9/25

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

<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"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 84.	(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)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<b>AIR TEMPERATURE</b>
	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
	(e)(4)	Portable space heaters prohibited
		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
		<b>TELEPHONE/TELEPHONE NUMBERS</b>
	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(12)	Stairs-protected/good repair-handrails
	(e)(13)	Toxic plants/materials inaccessible
	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	(e)(16)	Measures to prevent vermin
	(e)(17)	Radon test- Results: <u>e 1</u> (Schls-N/A)
	(e)(18)	Carbon monoxide detector-each level N/A
	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
	(g)(4)	Developmentally app equipment, materials

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5/30/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>4/19/23</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y(N) Lead Test: Y(N) Results _____
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - Y(N) Inside/Outside

<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"/> 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 and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b> Y.M.C.A. preschool	<b>LICENSE NUMBER</b> 1161094	<b>DATE OF INSPECTION</b> 4/9/25
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**PHYSICAL PLANT 19a-79-8a**      **UNDER THREE ENDORSEMENT 19a-79-10**

<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<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**      **YN**

<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-dia-pering-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

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> 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
<input type="checkbox"/>		(e)(3)	
<input type="checkbox"/>		(e)(4)	
<input type="checkbox"/>		(e)(5)	
<input type="checkbox"/>		(e)(6-9)	
<input type="checkbox"/>		(e)(7)	
<input type="checkbox"/>		(e)(8)	
<input type="checkbox"/>		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> 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 <b>TOYS AND OTHER OBJECTS</b> 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 <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)  Outdoor equipment-developmentally appropriate for ages of the children  Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.	(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

**SCHOOL AGE ENDORSEMENT 19a-79-11**      **YN**

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

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

<b>PROGRAM NAME</b> YNCA Preschool	<b>INSPECTION NUMBER</b> 16694	<b>INSPECTION DATE</b> 4/9/25
<b>SCHOOL AGE ENDORSEMENT 19c-79-11</b> Y/N	<b>MONITORING OF DIABETES 19c-79-13</b> Y/N	

<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%

<b>NIGHT CARE ENDORSEMENT 19c-79-12 (Regulation) Y/N</b>		
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input type="checkbox"/> (b)(6)(B)	Required bedding
	<input type="checkbox"/> (b)(6)(C)	Required toiletries
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input type="checkbox"/> (b)(7)	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

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.		<b>STAFF TRAINING</b>
	<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (i)-(iii)	
	<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 19c-79-9a Y/N**

<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.		<b>NONPRESC. TOPICAL MEDICATION</b>
	<input checked="" type="checkbox"/> (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
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	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
		Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Self-administration documentation
<input checked="" type="checkbox"/> 168.	(b)(6)	Petition for special medication authorization
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)
<input checked="" type="checkbox"/> 170.	(d)	

**ADDITIONAL VIOLATION**

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

- update policies per new regulations  
 - water stain in hallway clear  
 - install CO2 Detector per Manufacturer's guidelines  
 - Update Educational requirements policies Regulations NA in compliance #111 ch(3) - observed cracked balan. beam in playground. Broken piece missing from beam  
 NOTE: Only regulations marked as compliant or non-compliant were mentioned during the visit.

<b>Signature of OEC staff</b>	Sha Miller Kreikerman
<b>Printed Name</b>	
<b>OEC DIVISION OF LICENSING</b> 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	

<b>Signature of Inspector</b> Ashlie Demarco	<b>Signature of Person</b>
<b>Inspection shall be posted or available for review upon request.</b>	
<b>Written Corrective Action Plan Due by:</b> 4/23/25	<b>CAP:</b> <a href="https://www.ctoec.org/form-documents/corrective-action-plan-resolving-disputed-violations.pdf">https://www.ctoec.org/form-documents/corrective-action-plan-resolving-disputed-violations.pdf</a>