

**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

Program Name:	Stratford Ymca Child Care Program Second Hill Lane	Date of Inspection:	4/9/25	Time of Arrival:	3:04 pm
Address:	65 2nd Hill Lane	License Number:	13194	Expiration Date:	3/31/26
Town:	Stratford 06614	Telephone Number:	203-378-8379	Summer Care:	Closed
Operator:	Central Connecticut Coast Ymca	# of Staff Present:	4	# children Present:	35
Email:	mbernardo@ccymca.org	Ages Served:	5-12 yrs	Total Capacity:	136
Designated Director:	Meliss Bernardo	Days of Operation:	M-F	Hours of Operation:	6:45am-8:30 3:15-6:00pm

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 11/13/23

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. ACCESS
- 13. (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)

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance -with bknd cks/history
- 23. (d) Adequate staffing
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff

- PROFESSIONAL DEVELOPMENT
- (a)(2) Documentation
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours

- SWIMMING ACTIVITIES - Y/N
- (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising

- CONSULTANTS
- (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) 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 type="checkbox"/>

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME: Stratford YMCA Child Care Program - Second Hill Lane LICENSE NUMBER: 13194 DATE OF INSPECTION: 4/9/25

RECORD KEEPING 19a-79-5a | **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible
<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)	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 N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	(d)(11)	AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2)	Portable space heaters prohibited Hot water/Steam pipes protected

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 (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"/> 58.	(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"/> 86.	(e)(4)	Working phone on each level
<input checked="" type="checkbox"/> 90.	(e)(6)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)	LIGHTING All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 101.	(e)(17)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(e)(18)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 104.	(g)(1)	Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 107.	(g)(4)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 108.	(g)(5)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 109.	(g)(6)	OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards
<input checked="" type="checkbox"/> 110.	(j)	Nuts, bolts, screws-tight, covered/protected
<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)	Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/26/24</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"/> 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) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>approved plan</u> Lead Management Plan <u>current</u>
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks Roof top play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Stratford YMCA Child Care Program - Second Hill	LICENSE NUMBER	13194	DATE OF INSPECTION	4/9/25
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SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13 Y N

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
	(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(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
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" 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.	(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"/> 172.	(b)(1)(A)	
	(b)(1)(B)	
	(i)-(iii)	
	(b)(2)	
	(b)(3)	
<input checked="" type="checkbox"/> 173.	(c)(2)	
	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-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.		<u>NONPRESC. TOPICAL MEDICATION</u>
	(a)(2)	Admin/Parent permission/report errors
	(a)(3)(A-B)	Labeling and Storage
	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		<u>MEDICATION TRAINING</u>
	(b)(1)(A/C)	Medication training-general-oral/top/inhalant
	(b)(1)(D)	Injectable premeasured autoinjector medication
	(b)(1)(E)	Rectal medication
	(b)(1)(F)	Injectable other than premeasured auto-injector
	(b)(2)(A-B)	Training approval documents/certificates
	(b)(2)(C)	Training outline on file
<input 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)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	- NO	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
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DISCUSSIONS/COMMENTS

1) New regulations
 2) updated policy checklist on our website. Program must update policies with regulations dated Oct. 2024
 3) oversight policy posted
 4) Program has updated consultant agreement's dated after Oct 2024
 health consultant just missing quarterly review of injury + illness reports

No violations at this visit

Signature of OEC staff	<i>[Signature]</i>	Signature of person in charge	<i>[Signature]</i>
Printed Name	Fillmontanye	Printed Name	Melissa Bernad

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