

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

YMCA Larson Center	4/15/25	8:30am
81 Woodlawn Circle	15440	1/31/26
East Hartford, CT 06108	860 289739	open
YMCA of Metro Hartford	# of Staff Present: 6	# over 3 Present: 23
Brianna.Johnson@ghymca.org	Total Capacity: 50	Total Under 3 capacity: 16
Brianna Johnson		# under 3 Present: 5
		Ages Served: 12M-5y4
		M-F 7am-6pm

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

1. (c)(8) Local Health Inspection-Date: 10/4/24

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 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
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10((g)(8) Safe Sleep policy posted

- 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
  - 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
  - 25. (d)(2) Two staff present-age 18 or older
  - 26. (d)(3)(A-C) Personal qualities of staff
  - 27. **RATIOS**
    - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
    - (d)(4)(B) Mixed age group
    - (d)(6) Nap time ratio
    - 28. (d)(4)(D) Supervision-Indoors/Outdoors
    - 29. **GROUP SIZE**
      - (d)(5) Group Size-Indoors/Outdoors
      - (d)(5)(A) Group Size-school age field trips/outdoors
      - (d)(5)(B) Mixed age group-group size
    - 30. (e)(1) Designated director-training
    - 31. (f)(1) CPR certified program staff
    - 32. (f)(2) First aid certified program staff
    - 33. **PROFESSIONAL DEVELOPMENT**
      - (a)(2) Documentation of prof. dev/trainings
      - (h)(1) Health & Safety training
      - (h)(2) 1% annual hours
    - 34. **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
    - 35. **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  | 0         | ✓    | ✓      |
| Health     | 0         | ✓    | ✓      |
| Soc. Serv. | 0         | ✓    | ✓      |
| Dietitian  | 0         | ✓    | ✓      |

**CURRENT AND PREVIOUS GROUP CHILD CARE HOME INSPECTION FORM**

**NAME:** YMCA Larson Center      **GROUP:** 15440      **DATE:** 4/15/25

**RECORD KEEPING 19:79-7a**

36. (a)(1)(A-C) Children's Enrollment information  
**PARENT PERMISSIONS**  
 37. (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 19:79-6a**

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 3/27/25 (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  
**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)

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

62. (a)(2) Fire marshal codes/certificate 1/26/24  
 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. **WATER SUPPLY** - Public/Well (Schools-N/A)  
 Lead Water Test - Date: 10/19/24  
 Bact./Chem Test-Date: \_\_\_\_\_ (N/A)  
 Drinking water available/accessible  
**LEAD PAINT** -  
 (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results \_\_\_\_\_  
 (c)(6)(B-D) Lead Management Plan EVERY 4 MONTHS  
 Peeling Paint - Y/N Inside/Outside

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

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  
 86. **WALLS/CEILINGS/FLOORS/RUGS**  
 87. Walls/ceilings/floors/rugs-clean/good repair  
 88. Rugs- not a tripping/slipping hazard  
 89. Hot water/Steam pipes protected  
 90. **TELEPHONE/TELEPHONE NUMBERS**  
 91. Working phone on each level  
 (e)(7) Emergency numbers posted-adjacent to phones  
 (e)(7) Parents provided direct on site phone number  
 92. **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)(10) Light fixtures shielded/shatter proof  
 93. Potentially hazardous substances, materials labeled, inaccessible  
 94. Garbage/rubbish-disposed of daily, containers in good repair  
 95. Stairs-protected/good repair-handrails  
 96. Toxic plants/materials inaccessible  
 97. Pets or other animals-in good health, written care plan including access to children  
 98. Measures to prevent vermin  
 99. Radon test- Results: 3 (Schls-N/A)  
 100. Carbon monoxide detector-each level N/A  
 101. Program space-adequate-35 sq. ft. per child  
 102. Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust  
 103. Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)  
 104. Air conditioners/water heaters/fuse boxes inaccessible  
 105. Developmentally app equipment, materials  
 106. (g)(3)  
 107. (g)(4)

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

**PROGRAM**

YMCA Larson Center

**LICENSE NUMBER**

15440

**DATE OF INSPECTION**

4/15/25

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

**UNDER THREE ENDORSEMENT 19a-79-8a**

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. (j) **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
- 112. (h)(1) Outside equipment anchored-anchors buried
- (h)(2) New equip- cert playg. Inspection upon request
- (h)(3) Drinking water available/accessible
- (h)(4) Equipment arranged for safety-equip/fences/structures not hazardous
- (h)(5) **OUTDOOR PROTECTED/FENCED**  
Playground protected from traffic, water, gullies or other hazards
- (h)(7) Fences installed to protect from hazards-4 ft
- (h)(7)(A) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(B) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. (h)(7)(C) **WATER HAZARDS**  
Pools, swimming areas- (N/A)  
conforms to 19-13-B33b and 19a-36-B61  
Wading pools prohibited  
Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128.  (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(6-9)
- (e)(7)
- (e)(8)
- (e)(10)(A-C)
- 129.  (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130.  (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- 131.  (h)(1)
- (h)(1)
- (h)(2)
- (h)(2)

**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 1/2" 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 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 1/2"-or measures in place to ensure their health & safety

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

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) **EDUCATIONAL REQUIREMENTS**  
 (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  
 (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

- 135. (i)(1)(2A-C)
- 136.  (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

**UNDER THREE ENDORSEMENT 19a-79-10**

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

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

- 140. (b)
- 141.  (c)
- (c)(1)
- (c)(2)
- (c)(3)
- 143. (d)
- 144. (e)

Approved Schl Age Endorsement

**SCHEDULE - ACTIVITIES**  
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

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

**PROGRAM NAME:** YMCA Larson Center      **LICENSING NUMBER:** 15440      **DATE:** 4/15/25

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

**MONITORING OF DIABETES 19a-79-13**      **Y**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures

172. (b)(1)(A) **STAFF TRAINING**  
Staff training – first aid

(b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

(b)(2) Training updated at least every 3 years

(b)(3) Written documentation of training

(c)(2) Trained staff on site when child is present

173. (c)(3) Self-administration - written authorization and under supervision of trained staff

174. (d)(1) Equipment provided by parents

175. (d)(2) Equipment labeled and inaccessible

176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded

177. (e)(1) Authorized prescriber written order

178. (e)(2) Written authorization from parent

179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (Non-Compliant) Y**

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

153. **SLEEP PROVISIONS**

(b)(6) Individual cot/crib with bedding

(b)(6)(A) Sleeping apparel/toiletries labeled

(b)(6)(B) Required bedding

(b)(6)(C) Required toiletries

(b)(6)(D) Bedding/sleeping apparel laundered weekly

(b)(7) Sleep arrangements for infants

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**      **Y**

**ADDITIONAL VIOLATION**

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. **NONPRESC. TOPICAL MEDICATION**

(a)(2) Admin/Parent permission/report errors

(a)(3)(A-B) Labeling and Storage

(a)(3)(C) Unused/expired meds destroyed/returned

160. **MEDICATION TRAINING**

(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

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

- update policies/procedures per new regulations. update educational requirements. OEC checklist shown

- 1 diaper cream form expired in toddler room (Bubbu Cuppies)

- paint chunks in gross motor room. To repaint/repair

- Staff can't work in classroom until background checks state "work supervised"

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

**Signature of OEC staff:** Dana Miller  
**Printed Name:** Krellerman

**Signature of person in charge:** Brianna Johnson  
**Printed Name:** Brianna Johnson

**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](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

**Inspection shall be posted or available for review upon request.**

**Written Corrective Action Plan Due by:** 4/29/25

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Larson Center License # 15140 Date: 4/15/2

Observations/Corrections needed:

Regulations not in compliance when observed:

#19- 2 Staff health records for Delta-T group staff not available

#21-2 Background checks for Delta-T group <sup>(CCH)</sup> staff not available

#35(1)(2)(A-H)- Education, Social Service, and Dietitian agreements not current with new regulations

#40- 2 care plans not available for Asthma and Allergy children

#66- Dusty vents in Pre-K. Microwave dirty in kitchen and Toddler room (Bubble Guppies)

#95- Bleach/water 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.

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/29/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Kellie Martin

Signature: [Signature]  
(Person in Charge)  
Print Name: Brianna Johnson