



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	Valley Ymca SACC - Ansonia	Date of Inspection:	4/23/25	Time of Arrival:	7:30
Address:	75 Ford St.	License Number:	16684	Expiration Date:	3/31/29
Town:	Ansonia, CT 06401	Telephone Number:	203-254-5766	Summer Care:	Closed
Operator:	Central Connecticut Coast Ymca	# of Staff Present:	2	# children Present:	4
Email:	fball@ccny.com	Ages Served:	5-12y.o.	Total Capacity:	100
Designated Director:	Ryan Leworthy	Days of Operation:	M-F	Hours of Operation:	7-8:15 3-6

Instruction Codes: = Regulation in Compliance 0 = Regulation not in Compliance N/A = Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 3/5/24

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. (c)(1-4) POLICIES-COMLETE/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. (d)(1) ACCESS
 - (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. (o) 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)

STAFFING and CONSULTANTS 19a-79-4a

- 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

- 33. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation
 - (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	<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"/>

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Valley Ymca SACC - Ansonia		116684	4/23/25
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. (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <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. (d)(8) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> 82. (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)(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"/> 84. (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10) <input checked="" type="checkbox"/> 95. <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"/> 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"/> 107. (g)(4) <input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (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) <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible 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 AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected 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 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 Radon test- Results: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm 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 OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	
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. (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)			
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 10/21/24 <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. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: _____ <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Building Pre-78 (Y/N) Lead Test: (Y/N) Results: <u>no lead identified</u> Lead Management Plan _____ <input checked="" type="checkbox"/> (c)(6)(B-D) Peeling Paint - Y/N Inside/Outside <input checked="" type="checkbox"/> (c)(6)(B-D) 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"/> 76. (d)(5) Overhead doors-locks/spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed			

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

PROGRAM NAME: Valley Ymca SACC - Ansonia LICENSE NUMBER: 116684 DATE OF INSPECTION: 4/23/25

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13 Y/N

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

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

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)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- health consultant agreement missing newly required duties.
 - Date of enrollment should be full date not just month/year.
 - 1 child's file missing parent work address
 - 1 staff newly hired - no reference checks.

Signature of OEC staff: Krioni Morgan
 Printed Name: Krioni Morgan

Signature of person in charge: Cassandra Beall
 Printed Name: Cassandra Beall

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: 5/6/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Valley YMCA SACC - Ansonia License # 10604 Date: 4/23/25

Observations/Corrections needed:

18 - Administrative oversight policies not posted.
40 - 2 individual care plans not signed by parent.

Lined area for additional observations or corrections.

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]

Print Name: Krisni Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

Print Name: Cassandra Beall
(Person in Charge)

OEC BY: 5/16/25