

**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:	Hamden-Nothues YMCA Shepherd Glen	Date of Inspection:	3-9-25	Time of Arrival:	1:15
Address:	15 Skiff St Ext	License Number:	13534	Expiration Date:	5-31-29
Town:	Hamden 06514	Telephone Number:	475-355-9137	Summer Care:	closed
Operator:	Central CT Coast YMCA	# of Staff Present:	2	# children Present:	10
Email:	ekelly@cccymca.org	Ages Served:	5-12 yrs	Total Capacity:	61
Designated Director:	Melissa DePino	Days of Operation:	M-F	Hours of Operation:	7-8:30am 300-6 pm

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

LICENSURE PROCEDURES 19a-79-2a		STAFFING and CONSULTANTS 19a-79-4a																	
<input type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 10-12-21	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records																
ADMINISTRATION 19a-79-3a		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions																
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks																
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 21a.	(b)(2) Past employment history																
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance -with bknd cks/history																
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing																
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older																
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff																
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 28.	(d)(4)(D) Supervision-Indoors/Outdoors																
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 29.	<input type="checkbox"/> (d)(5)(A) Group Size-school age field trips/outdoors																
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 30.	(e)(1) Designated director-training																
<input checked="" type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 31.	(f)(1) CPR certified program staff																
<input checked="" type="checkbox"/> 12.	<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 32.	(f)(2) First aid certified program staff																
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT																
<input checked="" type="checkbox"/> 15.	(m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 34.	Documentation																
<input checked="" type="checkbox"/> 16.	(n) Capacity	<input checked="" type="checkbox"/> 35.	Health & Safety training																
<input checked="" type="checkbox"/> 17.	(o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (a)(2)	1% annual hours																
<input checked="" type="checkbox"/> 18.	POSTINGS	<input checked="" type="checkbox"/> (h)(1)	SWIMMING ACTIVITIES - Y/N																
<input checked="" type="checkbox"/> 3a(e)(1)	License posted	<input checked="" type="checkbox"/> (h)(2)	Swimming-Ratios																
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Non-swimmers identified																
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy	<input checked="" type="checkbox"/> (4)(C)(i)	CPR certified staff-age 20 or older																
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising																
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (e)(6)	CONSULTANTS																
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted (Schls-N/A)	<input checked="" type="checkbox"/> (i) -	Consultant agreements-signed annually-agreements complete w/required services																
		<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant logs-documented activities, observations and required services																
		<input checked="" type="checkbox"/> (F)	Consultant visits- Education/Health																
		<input checked="" type="checkbox"/> (i)(2)	Contracts Logs Visits																
		<input checked="" type="checkbox"/> (H)(i)-(I)(i)	<table border="1"> <tr> <td>Education</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>0</td> <td>✓</td> <td></td> </tr> <tr> <td>Dietitian</td> <td>na</td> <td></td> <td></td> </tr> </table>	Education	0	✓	✓	Health	0	✓	✓	Soc. Serv.	0	✓		Dietitian	na		
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME <i>Hamden - No Haven YMCA Shepherd Glen</i>	LICENSE NUMBER <i>13534</i>	DATE OF INSPECTION <i>3.9.25</i>
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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 SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<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%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
	(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<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 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.		NONPRESC. TOPICAL MEDICATION
	<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.		MEDICATION TRAINING
	<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
<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.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

* All items checked were observed or discussed.

* provided copy of Program Policy review checklist including updates effective 10/16/24. Program responsible for ensuring program policies are in compliance with requirements in new regs effective 10/16/24.

Signature of OEC staff <i>Jennifer Schultz</i>	Printed Name <i>Jen Schultz</i>
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<i>Ashley Gibbs</i>	Signature of person in charge
<i>Ashley Gibbs</i>	Printed Name

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: <i>4.23.25</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hamden No Haven YMCA Shepherd Glen License # 13534 Date: 3.9.25

Observations/Corrections needed:

#1 local health inspection observed to be more than 2 years.

#35 (1)(1)(2)(A)(D) observed all consultant agreements to be current, missing required services in accordance with new center regs effective 10/16/24.

#40 observed 1 care plan not signed by all staff responsible for the care of the child.

#102 observed radon detector for gymnasium to not be in working order, missing a battery.

Discussions

- Volunteers/tutors need current BCIs, adult health statement,
- CYK health + safety training and policy review
- Director required to complete 3 credit administrator course within 1 year of appointment
- All OEC inspections to be on site, accessible to parents, staff, requests complaint procedure to be completed and posted

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: Jennifer Schuck
(OEC Representative)Print Name: Len Schulz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ashley Gibbs
(Person in Charge)OEC BY: 4.23.25Print Name: Ashley Gibbs