



**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:	Woodruff Family YMCA-Orange Ave	Date of Inspection:	4/22/25	Time of Arrival:	3:15pm
Address:	260 Orange Ave	License Number:	13177	Expiration Date:	4/30/26
Town:	Milford 06461	Telephone Number:	203-878-6501	Summer Care:	closed
Operator:	Central Connecticut Coast	# of Staff Present:	5	# children Present:	24
Email:	smark.linsky@cccymca.org YMCA	Ages Served:	5yrs-11yrs	Total Capacity:	96
Designated Director:	Ryan Leworthy	Days of Operation:	M-F	Hours of Operation:	7-8:30am 3-6 or 1:30-6

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

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 4/19/25

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<b>ACCESS</b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted <b>NA</b> (Schls. <b>N/A</b> )

**STAFFING and CONSULTANTS 19a-79-4a**

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

**PROFESSIONAL DEVELOPMENT**

Documentation

Health & Safety training

1% annual hours

**SWIMMING ACTIVITIES - Y/N**

Swimming-Ratios

Non-swimmers identified

CPR certified staff-age 20 or older

Lifeguard-certified-supervising

**CONSULTANTS**

Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)

Consultant agreements-signed annually-agreements complete w/required services

Consultant logs-documented activities, observations and required services

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"/>

PROGRAM NAME	Woodruff Family YMCA-Orange Ave	LICENSE NUMBER	13177	DATE OF INSPECTION	4/29/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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36.	(a)(1)(A-C)	Children's Enrollment information
37.		<b>PARENT PERMISSIONS</b>
	<input checked="" type="checkbox"/> (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
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

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
		<b>TOILETING</b>
82.	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
83.	(d)(11)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
84.		Staff personal articles inaccessible

**HEALTH and SAFETY 19a-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 (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
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.	<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> -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

86.	<input checked="" type="checkbox"/> (e)(1)	Air temp < 65°F comfortable
90.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
91.	(e)(4)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
		<b>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)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
97.	(e)(12)	Stairs-protected/good repair-handrails
98.	(e)(13)	Toxic plants/materials inaccessible
99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
101.	(e)(17)	Radon test- Results: (Schls-N/A)
102.	(e)(18)	Carbon monoxide detector-each level (N/A)
103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
107.	(g)(4)	Developmentally app equipment, materials
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.		<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
		<b>OUTDOOR PROTECTED/FENCED</b>
112.	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)

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

62.	(a)(2)	Fire marshal codes/certificate 3/27/24
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
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
68.	(c)(4)	Testing of premises/grounds for chemicals
69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: NR
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results: approved plan Lead Management Plan: annual
71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
72.	(d)(2)	Emergency vehicle access
73.	(d)(3)	Walkways maintained
76.	(d)(5)	Windows protected to prevent falls
77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
		Exits, stairs, hallways unobstructed

111.		<b>OUTDOOR SPACE</b>
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114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		<b>WATER HAZARDS</b>
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME: Woodruff Family Ymca-Orange LICENSE NUMBER: 13177 DATE OF INSPECTION: 4/29/25

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N MONITORING OF DIABETES 19a-79-13 Y/N 4/29/25

- 140. (b) Approved Schl Age Endorsement
- 141.  (c) **SCHEDULE - ACTIVITIES**  
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. **STAFF TRAINING**  
 (b)(1)(A) Staff training – first aid  
 (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
 (i)-(iii) Training updated at least every 3 years  
 (b)(2) Written documentation of training  
 (b)(3) Trained staff on site when child is present  
 (c)(2) Self-administration - written authorization and under supervision of trained staff  
 (c)(3) Equipment provided by parents
- 173. (d)(1) Equipment labeled and inaccessible
- 174. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 175. (d)(3) Authorized prescriber written order
- 177. (e)(1) Written authorization from parent
- 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

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
- 160.  (a)(3)(A-B) Labeling and Storage  
 (a)(3)(C) Unused/expired meds destroyed/returned
- 161.  (b)(1)(A/C) **MEDICATION TRAINING**  
 (b)(1)(D) Medication training-general-oral/top/inhalant
- 162.  (b)(1)(E) Injectable premeasured autoinjector medication
- 163.  (b)(1)(F) Rectal medication
- 164.  (b)(2)(A-B) Injectable other than premeasured auto-injector
- 165.  (b)(2)(C) Training approval documents/certificates
- 166.  (b)(2)(D) Training outline on file
- 167.  (b)(3)(A-B) Authorized prescriber/parent permission
- 168.  (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 169.  (b)(4)(A-B) Medication Administration Records (MAR)
- 170.  (b)(5)(A-B) Labeling and Storage
- 171.  (b)(5)(C) Emergency medication inaccessible
- 172.  (b)(5)(D) Unused/Expired meds-destroyed/returned
- 173.  (b)(5)(E) Auto-injector/inhalant equipment
- 174.  (b)(6) Self-administration documentation
- 175.  (b)(7)(A-B) Petition for special medication authorization
- 176. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

Drew regs discussed at other locations.  
2) Items checked off were either discussed or observed.  
3) Health consultants last visit was on 9/13/24. New regs state health consultant must review injury + illness reports quarterly. No documentation ~~on~~ on site.  
4) 1 staff that turned in on 4/1/25 needs adult medical statement.  
5) Administrative oversight policy needs to be posted.  
6) Policy checklist provided at other location must be updated to include new regulatory updates.

Signature of OEC staff: Felmontaye

Printed Name: Fel Montanye

Signature of person in charge: Sosie Marklinsky

Printed Name: Sosie Marklinsky

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: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.  
 Written Corrective Action Plan Due by: 5/13/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA - Orange License # 13177 Date: 4/29/25

Observations/Corrections needed:

Program not in compliance with:

#30 Designated director - training when documentation of director's course not available on site

#33 (h)(1) health + safety training when documentation for all staff not available on site ~~if~~ <sup>for</sup> staff being in compliance

#40 individual care plan when parent <sup>(FM)</sup> has not signed copy of plan on site

#161 Authorized ~~per~~ <sup>(FM)</sup> prescriber when parent has not signed permission/authorization for an order for emergency medication to be administered on site

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: *Fil Montange*  
(OEC Representative)  
Print Name: Fil Montange

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/13/25

Signature: *[Signature]*  
(Person in Charge)  
Print Name: Susie Marklinsky