

**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

Address:	Burlington YMCA at Willard Before/After Care 1088 Norton Rd	Date of Inspection:	4/30/25	Time of Arrival:	3:19 pm
Town:	Burlington Ct 06037	License Number:	70318	Expiration Date:	8/31/28
Operator:	Maryden - New Britain - Burlington YMCA, Inc.	Telephone Number:	860-357-6211	Summer Care:	Closed
Email:	sfusco@nbbymca.org	# of Staff Present:	3	Summer Program:	14
Designated Director:	Stephanie Fusco	Age Served:	5-11 years	Total Capacity:	50
		Days of Operation:	M-F	Hours of Operation:	7:00-8:30 3:30-5:30

Inspection Codes: - Regulation in Compliance - Regulation not in Compliance - Not applicable at this time

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

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

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. (d)(2)(A) **POLICIES-COMplete/IMPLEMENTED**
- (d)(2)(B)(C) Discipline policy
- (d)(3) Child Protection policy
- (d)(4)(A) Closing time policy
- (d)(4)(B) Medical emergency policy
- (d)(5) Multi-Hazards policy-annual drill
- (d)(6) Supervision policy
- (d)(6)(C) General Operating policies
- (d)(7) 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
- 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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 28. (d)(4)(D)
- 29. (d)(5)(A)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)
- (h)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Past employment history
- Evidence of compliance -with bknd cks/history
- Adequate staffing
- Two staff present-age 18 or older
- Personal qualities of staff
- Supervision-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Designated director-training
- CPR certified program staff
- 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"/>

Schls-N/A

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

PROGRAM NAME: Brown YMCA at Willard Before/After Care

INSPECTION NUMBER: 70318

DATE: 4/30/25

RECORD KEEPING 19a-79-5a

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission 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) <input checked="" type="checkbox"/> (d)(8)	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
<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)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	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
<input checked="" type="checkbox"/> 83.	(d)(11)	
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2)	

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 <u> </u> (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
	(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
	(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)	
<input checked="" type="checkbox"/> 90.	(e)(6)	
<input checked="" type="checkbox"/> 91.	(e)(7)	
<input checked="" type="checkbox"/> 94.	(e)(7)	
<input checked="" type="checkbox"/> 95.	(e)(8)	
<input checked="" type="checkbox"/> 96.	(e)(9)	
<input checked="" type="checkbox"/> 97.	(e)(9)	
<input checked="" type="checkbox"/> 98.	(e)(10)	
<input checked="" type="checkbox"/> 99.	(e)(11)	
<input checked="" type="checkbox"/> 101.	(e)(12)	
<input checked="" type="checkbox"/> 102.	(e)(13)	
<input checked="" type="checkbox"/> 103.	(e)(14-15)	
<input checked="" type="checkbox"/> 104.	(e)(17)	
<input checked="" type="checkbox"/> 107.	(f)(1)(A)	
<input checked="" type="checkbox"/> 108.	(g)(1)	
<input checked="" type="checkbox"/> 109.	(g)(4)	
<input checked="" type="checkbox"/> 110.	(g)(5)	
<input checked="" type="checkbox"/> 111.	(g)(6)	
<input checked="" type="checkbox"/> 112.	(j)	
<input checked="" type="checkbox"/> 114.	(h)(1)	
	(h)(2)	
	(h)(3)	
	(h)(4)	
	(h)(5)	
	(h)(6)	
	(h)(8)	
	(h)(9)	
	(h)(7)	
	(h)(7)(B)	
	(h)(7)(C)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1129124</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 - <u>Public Well</u> (Schools-N/A) Lead Water Test - Date: <u> </u> Bact./Chem Test-Date: <u> </u> (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y(N)</u> Lead Test: <u>Y(N)</u> Results <u> </u> Lead Management Plan <u> </u>
<input checked="" type="checkbox"/> 71.	(c)(6)(B-D)	Peeling Paint - Y/N 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"/> 109.	(g)(6)	
<input checked="" type="checkbox"/> 110.	(j)	
<input checked="" type="checkbox"/> 111.	(h)(1)	
<input checked="" type="checkbox"/> 112.	(h)(2)	
<input checked="" type="checkbox"/> 114.	(h)(3)	
	(h)(4)	
	(h)(5)	
	(h)(6)	
	(h)(8)	
	(h)(9)	
	(h)(7)	
	(h)(7)(B)	
	(h)(7)(C)	
	(i)	
	(i)	
	(i)	

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
 Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER OR CHILD CARE HOME INSPECTION FORM

PROGRAM NAME *BIRTH YUCA at Willard Before/After Care*

INSPECTION NUMBER *70318*

DATE *4/30/25*

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13

- 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. **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

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

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

DISCUSSIONS/COMMENTS
"Policy review checklist provided during inspection highlighting changes to the child care regulations effective October 16, 24. Program must ensure policies are updated to reflect new requirements."

Signature of OEC Ins *[Signature]*
Printed Name *Johanne Dalo*

Signature in Charge *[Signature]*
Printed Name *Stephanie Eusw*

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: oc.licensing@ct.gov

Written Corrective Action Plan
 Due by: *5/14/25*
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Berlin YMCA at Willard License # 70318 Date: 4/30/25
Before / After Care

Observations/Corrections needed:

→ Regulation was not in compliance when...

#21(b) Observed 1 staff with med background check status ^{on BCIS} working with children.

#160(b)(1)(F): An attendance, on 4/7 & 4/8 pm + 4/21 & 4/22 ^{pm} session no staff trained in injectable 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:




(OEC Representative)

Print Name:

Johanne Dalo

Signature:



(Person in Charge)

Print Name:

Stephanie Fusw

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY:

5/14/25