

**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:	Stratford YMCA CC Program 2	Date of Inspection:	5/6/25	Time of Arrival:	3:25 pm
Address:	79 Birdseye St. <i>Stratford Road/Johnson House</i>	License Number:	13985	Expiration Date:	4/30/25
Town:	Stratford 06615	Telephone Number:	203-375-5844	Summer Care:	Closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	3	# children Present:	20
Email:	mbernardo@cccymca.org	Ages Served:	5yrs-12yrs.	Total Capacity:	42
Designated Director:	Melissa Bernardo	Days of Operation:	M-F	Hours of Operation:	3:15-6:00pm

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

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

PROGRAM NAME Stratford YMCA CC Program @ Stratford Acad Johnson House LICENSE NUMBER 13985 DATE OF INSPECTION 5/6/25

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.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>	<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

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.	<input checked="" type="checkbox"/> (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 <u>8/26/2021</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.		WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>-</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>-</u> (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results <u>approved plan</u> Lead Management Plan <u>quarterly</u>
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 71.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(3)	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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
		TOILETING
<input checked="" type="checkbox"/> 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)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(1)	Air temp < 65°F comfortable
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 86.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 90.		TELEPHONE/NUMBERS
<input checked="" type="checkbox"/> 91.		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
	<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/> 94.		LIGHTING
	<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
<input checked="" type="checkbox"/> 95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 101.	(e)(17)	Radon test- Results: <u>-</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level (N/A)
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<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
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED
	<input checked="" type="checkbox"/> (h)(7)(B)	Playground protected from traffic, water, gullies or other hazards
	<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.		Rooftop play areas-6 ft. wall/barrier (N/A)
		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
	<input checked="" type="checkbox"/> (j)	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: Stratford YMCA CC Prog @ Stratford Acad/ Johnson House LICENSE NUMBER: 13985 DATE OF INSPECTION: 5/6/25

SCHOOL AGE ENDORSEMENT 19a-79-11 Johnson House MONITORING OF DIABETES 19a-79-13 Y/N
no child enrolled

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
 (b)(1)(B) Staff training – first aid
(i)-(iii) 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

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. - NO Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS
1) New Regs at other location
2) Policies need to be updated to reflect new regulations
Policy review check list available on website. updated, no review conducted on site at this visit.
* No violations at this visit.

Signature of OEC staff: Fil Montanye
Printed Name: Fil Montanye

Signature of person in charge: Melissa Bernward
Printed Name: Melissa Bernward

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