

**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 @ Matthews	Date of Inspection:	5/7/25	Time of Arrival:	3:15 pm
Address:	466 W. River St	License Number:	16590	Expiration Date:	11/30/28
Town:	Milford 06461	Telephone Number:	203-878-6501	Summer Care:	closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	3	# children Present:	14
Email:	smarklinsky@cccymca.org	Ages Served:	5-12 yrs	Total Capacity:	80
Designated Director:	Ryan Leworthy	Days of Operation:	M-F	Hours of Operation:	7:00-8:30 am 3:15-6:00 pm

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

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

✓ 1. (c)(8) Local Health Inspection-Date: 10/31/23

**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)	<b>POLICIES-COMplete/IMPLEMENTED</b>
✓ (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
✓ 12. (d)(1)	Personnel policies
✓ 13. (f)	Daily attendance-children/staff- keep 1 yr. <b>ACCESS</b>
✓ (h)	Immediate access by parents
✓ 15. (m)	Immediate access by OEC-facility/records
✓ 16. (n)	Motor vehicle laws-transportation
✓ 17. (o)	Capacity
✓ 18. 3a(e)(1)	Respond to OEC-no false, misleading statements or documents
✓ 3a(e)(2)	<b>POSTINGS</b>
✓ 3a(d)(6)(C)	License posted
✓ 3a(e)(3)	OEC Complaint Procedure posted
✓ 3a(e)(4)	Administrative Oversight Policy
✓ 3a(e)(5)	Menus posted
✓ 7a(e)(17)	No Smoking posted signs at entrances
	OEC Inspection report posted or available (Schls-N/A)
	Radon test posted

**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

**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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian			

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Woodruff Family, YMC&A Mattheson		16590	5/7/25
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.	
36. (a)(1)(A-C)	Children's Enrollment information	79.	SMOKING
37. (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
(a)(1)(D)(ii)	Emergency medical permission	(d)(8)	Matches/lighters inaccessible
(a)(1)(D)(iii)	Authorized release permission	82.	<b>TOILETING</b>
(a)(1)(D)(iv)	Field trip permission	(d)(10)(A)	Shared toilets/sinks-supervision plan
38. (a)(2)(A-B)	Transportation permission	(d)(10)(B)	Toileting needs met
39. (a)(2)(C)	Child Health Records	(d)(10)(D)	Required toilets/sinks-1:25
40. (a)(2)(E)	Immunization records	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
41. (a)(3)(A)	Individual care plan-signed by parents/staff	(d)(10)(E)	Handwashing staff/children
42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	(d)(10)(F)	Toilets/sinks located at the facility
43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	(d)(10)(G)	Well lighted/ventilated toilet rooms
44. (a)(3)(D)	Notify OEC of serious injuries, fatality	(d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
45. (a)(4)	Notify DPH, local health-reportable diseases	83.	Staff personal articles inaccessible
	Video recordings- keep 30 days	84.	<b>AIR TEMPERATURE</b>
<b>HEALTH and SAFETY 19a-79-6a</b>		(e)(1)	Air temp < 65°F comfortable
46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
47. (a)(2)	Nutritious meals and snacks	86.	Portable space heaters prohibited
48. (a)(3)	Proper refrigeration-41 degrees	90.	Hot water/Steam pipes protected
49. (a)(4)	Menus-1 wk in advance- keep 3 mths	91.	<b>TELEPHONE/NUMBERS</b>
50. (a)(5)	Food Service Inspection (N/A)	(e)(7)	Working phone on each level
51. (a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	(e)(7)	Emergency numbers posted-adjacent to phones
52. (a)(7)	Separate hand washing facilities	(e)(7)	Parents provided direct on site phone number
53. (a)(8)	Multi-use eating/drinking utensils	94.	<b>LIGHTING</b>
55. (a)(10)	Children supervised during meal prep	(e)(8)	All areas min. 1 foot candle of lighting
56. (a)(11)	Handwashing-staff/children	(e)(9)	Enough lighting for comfort
57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	(e)(9)	Light fixtures shielded/shatter proof
58. (b)(2)	Designated isolation area	95.	Potentially hazardous substances, materials labeled, inaccessible
59. (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	96.	Garbage/rubbish-disposed of daily, containers in good repair
(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	97.	Stairs-protected/good repair-handrails
(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	98.	Toxic plants/materials inaccessible
		99.	Pets or other animals-in good health, written care plan including access to children
<b>PHYSICAL PLANT 19a-79-7a</b>		101.	Radon test- Results: (Schls-N/A)
62. (a)(2)	Fire marshal codes/certificate 3/27/24	102.	Carbon monoxide detector-each level N/A
63. (b)	Indoor/Outdoor space inspected/approved	103.	Program space-adequate-35 sq. ft. per child
64. (b)(1)-(5)	Construction/expansion/renovation/conversion	104.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	107.	Developmentally app equipment, materials
67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free	108.	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
68. (c)(4)	Testing of premises/grounds for chemicals	109.	Indoor climbing play equipment-shock absorbing materials under and around
69. (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	110.	No weapons/no facsimile of a firearm
(c)(5)(B)	Lead Water Test - Date: _____	111.	<b>OUTDOOR SPACE</b>
(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	(h)(1)	Adequate space- 75 sq. ft. per child
70. (c)(6)(A)	Drinking water available/accessible	(h)(2)	Shock absorbing surfaces-minimum 8"
(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results approved plan	(h)(3)	Playground free from hazards
	Lead Management Plan annual	(h)(4)	Nuts, bolts, screws-tight, covered/protected
71. (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside	(h)(5)	Outside equipment anchored-anchors buried
72. (d)(2)	Emergency vehicle access	(h)(6)	New equip- cert playg. Inspection upon request
73. (d)(3)	Walkways maintained	(h)(8)	Drinking water available/accessible
76. (d)(5)	Windows protected to prevent falls	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
77. (d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)	112.	<b>OUTDOOR PROTECTED/FENCED</b>
	Exits, stairs, hallways unobstructed	(h)(7)	Playground protected from traffic, water, gullies or other hazards
		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		114.	Rooftop play areas-6 ft. wall/barrier (N/A)
		(i)	<b>WATER HAZARDS</b>
		(i)	Pools, swimming areas-conforms to DPH (N/A)
		(i)	Wading pools prohibited
			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 @ LICENSE NUMBER: 16590 DATE OF INSPECTION: 5/7/25

SCHOOL AGE ENDORSEMENT 19a-79-11 Matthewson MONITORING OF DIABETES 19a-79-13 Y/N

- 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)  
 (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  
 (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (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

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

*1) New Regs discussed at other location*  
*2) oversight policy must be posted*  
*3) health consultant needs 7 other visit and review of injury/illness reports quarterly.*

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

Signature of person in charge: Susie Marklinsky  
 Printed Name: Susie 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: 5/10/25  
 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 @ Matthewson License # 16590 Date: 5/7/25

Observations/Corrections needed:

Program not in compliance with:

- #19 Staff health records when all staff health records missing medical statement.
- #30. Designated director training when documentation was not on site
- #33(h)(i) health + safety training when documentation of training not available
- #37(a)(1)(D)(iii) Authorized release permission when 1 out of 6 children's files missing 1 other person who is authorized to pick child outside of parents
- #38 child health records when 2 out of 6 children's files did not have documentation of physical
- #39 Immunization records when 2 out of 6 children's files did not have documentation of immunizations
- #40 individual care plans when 5 medication orders (FM) were not observed to be current individual care plan were not observed, 1 care plan for child where physical indicates chronic illness not observed (FM)
- #62 Fire Marshal Certificate when current certificate not on site
- #70 (C)(6)(A) lead management plan when last monitoring was conducted on 4/13/22 (annual)

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 Montanye (OEC Representative) Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/21/25

Signature: Susie Markinsky (Person in Charge) Print Name: Susie Markinsky

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA License # 16590 Date: 5/17/25  
2) Matthewson

Observations/Corrections needed:

- #161 Authorized ~~prescriber~~ prescriber when 5 medication orders were not observed for medications on site
- #164 Labeling when 1 Epi pen was observed to be missing pharmacy label
- #166 Expired meds when 5 medications on site were observed expired.
- #2 ensuring health and safety when children with expired medications, orders and no care plans are attending program.

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]  
(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/21/25

Signature: [Signature]  
(Person in Charge)

Print Name: SUSIE Marklinsky