

**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:	AS Program Hamden/No Haven YMCA Keele Center	Date of Inspection:	5.8.25	Time of Arrival:	9:11
Address:	11 Pine St	License Number:	70503	Expiration Date:	8-31-27
Town:	Hamden 06514	Telephone Number:	203-535-2596	Summer Care:	Closed
Operator:	Central CT Coast YMCA, Inc.	# of Staff Present:	1	# children Present:	0
Email:	ekelly@cccymca.org	Ages Served:	5-12 yrs	Total Capacity:	39
Designated Director:	Ashah Brice	Days of Operation:	M-F	Hours of Operation:	2:45-6

Instruction Codes:  = Regulation in Compliance    0 = Regulation not in Compliance    N/A = Not applicable at this time

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

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 10.30.23	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<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 eks/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.		<u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
	<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"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 33.		<u>PROFESSIONAL DEVELOPMENT</u>
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy		<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy		<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill		<input checked="" type="checkbox"/> (h)(2)	1% annual hours
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<u>SWIMMING ACTIVITIES - Y(N)</u>
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies		<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies		<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.			Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 13.		<u>ACCESS</u>	<input checked="" type="checkbox"/> 35.		<u>CONSULTANTS</u>
	<input checked="" type="checkbox"/> (f)	Immediate access by parents		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 16.	(n)	Capacity		<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents		(H)(i)-(I)(i)	
<input checked="" type="checkbox"/> 18.		<u>POSTINGS</u>			
	<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 (Schls-N/A)			

	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			

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

<b>PROGRAM NAME</b>	<i>Hamden/No Haven YMCA Keefe Center</i>	<b>LICENSE NUMBER</b>	<i>70503</i>	<b>DATE OF INSPECTION</b>	<i>5.8.25</i>
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<b>RECORD KEEPING 19a-79-5a</b>	<i>AS program</i>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 79.	
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b>
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 82.	Matches/lighters inaccessible
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> (d)(10)(A)	<b>TOILETING</b>
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> (d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> (d)(10)(D)	Toileting needs met
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(11)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 83.	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> 84.	<b>AIR TEMPERATURE</b>

<b>HEALTH and SAFETY 19a-79-6a</b>		<input checked="" type="checkbox"/> 86. (e)(1)	Air temp < 65°F comfortable
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 90. (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 91. (e)(7)	<b>TELEPHONE/NUMBERS</b>
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 94. (e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b>
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 95. (e)(10)	Enough lighting for comfort
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 96. (e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 97. (e)(12)	Potentially hazardous substances, materials labeled, inaccessible
<input type="checkbox"/> 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"/> 98. (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<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"/> 99. (e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 101. (e)(17)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 102. (e)(18)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 103. (f)(1)(A)	Radon test- Results: <i>2-14.05</i> (Schls-N/A)
		<input checked="" type="checkbox"/> 104. (g)(1)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 107. (g)(4)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 108. (g)(5)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 109. (g)(6)	Developmentally app equipment, materials
		<input checked="" type="checkbox"/> 110. (j)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
		<input type="checkbox"/> 111.	Indoor climbing play equipment-shock absorbing materials under and around

<b>PHYSICAL PLANT 19a-79-7a</b>		<input checked="" type="checkbox"/> 112. (h)(7)	<b>NO WEAPONS/NO FACSIMILE OF A FIREARM</b>
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <i>4-16-25</i>	<input checked="" type="checkbox"/> (h)(1)	<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (h)(2)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (h)(3)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (h)(4)	Playground free from hazards
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free	<input checked="" type="checkbox"/> (h)(5)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (h)(6)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/> 69. (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> (h)(8)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <i>11-13-24</i>	<input checked="" type="checkbox"/> (h)(9)	Drinking water available/accessible
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> 114. (i)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> (h)(7)(B)	<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <i>Y/N</i> Lead Test: <i>Y/N</i>	<input checked="" type="checkbox"/> (h)(7)(C)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> (c)(6)(A)	Results <i>Lead management plan every 6 months inside</i>	<input checked="" type="checkbox"/> (i)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> (c)(6)(A)	Lead Management Plan	<input checked="" type="checkbox"/> (i)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/> (c)(6)(A)	<i>every 6 months inside</i>	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - <i>Y/N</i> Inside/Outside	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/> 71. (c)(6)(B-D)	Emergency vehicle access	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)
<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		

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

<b>PROGRAM NAME</b>	Hamden/No Haven YMCA Keefe Center AS Program	<b>LICENSE NUMBER</b>	70503	<b>DATE OF INSPECTION</b>	5.8.25
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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 <u>SCHEDULE - ACTIVITIES</u>	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	<u>STAFF TRAINING</u>
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children		(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<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"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15	<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30	<input checked="" type="checkbox"/> 174.	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 175.	(d)(1)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 176.	(d)(2)	Equipment provided by parents
			<input type="checkbox"/> 177.	(d)(3)	Equipment labeled and inaccessible
			<input type="checkbox"/> 178.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
			<input type="checkbox"/> 179.	(e)(2)	Authorized prescriber written order
				(e)(3)	Written authorization from parent
					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"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 159.		<u>NONPRESC. TOPICAL MEDICATION</u>	<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 160.	(a)(2)	Admin/Parent permission/report errors	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage	NA		
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			

**DISCUSSIONS/COMMENTS**

·all items checked were discussed or observed

- provided a copy of the policy renew checklist during inspection highlighting changes to the child care center reqs effective 10/16/24. Program to ensure policies are updated to reflect the new requirements

- renewed new reqs during inspection

·see website for samples.

<b>Signature of OEC staff</b>	Jennifer Schuck	<b>Signature of person in charge</b>	Melissa Nelin
<b>Printed Name</b>	Jan Schultz	<b>Printed Name</b>	Melissa Nelin

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: 5-22-25	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a> <input checked="" type="checkbox"/>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hamden/No Haven YMCA Keefe center AS program License # 70503 Date: 5.8.25

Observations/Corrections needed:

#104 observed stairs on large climber to have cracked and peeling protective surfacing, exposing rusted surfaces on stairs and stair supports/edging accessible.

DISCUSS

1 First aid kit missing rolled gauze program not currently operating due to low enrollment. Planning to reopen in September.

Program no longer has access/unable to use the gymnasium. Town utilizes space for other programs and services.

Gymnasium no longer licensed - notify OEC if town authorizes program to use space - prior to use.

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: Jan Schutz  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Melissa Repino  
(Person in Charge)

OEC BY: 5.22.25

## Resolving Disputed Violations

If you are cited for a violation of the child care licensing regulations and you do not understand the violation or why you were cited, you should:

- Ask the specialist to explain the violation, and show you which regulation was violated.
- If you still disagree that there is a violation of a regulation, you may ask for a supervisory review. You may call (860) 500-4450 and ask to speak with the supervisor of who covers your town, or in the case of a complaint investigation, ask to speak with the supervisor of the investigations unit.
- If you still wish to dispute the violation after a supervisory review, you may contact the Agency at (860) 500-4450 and request a managerial review. The manager will decide if the evidence shows a violation exists.
- A provider/operator may request a formal hearing only when the Agency issues a statement of charges and the provider wishes to contest a proposed action against the license.

The provider/operator is responsible for submitting a plan of correction to the Agency to correct any violation of the child care licensing regulations.

### Core Elements of an Acceptable Corrective Action Plan

Family child care homes, group child care homes and child care centers are required to submit a corrective action plan to the Office of Early Childhood **within 14 days from the date of inspection** when they have been cited for violating a licensing regulation(s). A corrective action plan informs OEC about the way(s) that the program has corrected the violation(s) to ensure continued compliance.

#### **A corrective action plan must contain the following information, at a minimum, in order to be considered acceptable by OEC:**

- A statement as to **how** and **when** the violation was corrected; and,
- in cases where a permanent correction is not immediately possible, **how** and **when** the violation will be corrected and **what** temporary measures have been put in place.

Please review your Corrective Action Plan prior to submitting it to the Agency to be sure all of the violations have been addressed.