

**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:	Soundview Family YMCA SACC	Date of Inspection:	5/20/25	Time of Arrival:	11:00am
Address:	628 E. Main St	License Number:	70012	Expiration Date:	8/31/27
Town:	Branford 06405	Telephone Number:	203-481-9622	Summer Care:	Closed
Operator:	Central Connecticut Coast-YMCA	# of Staff Present:	1	# children Present:	—
Email:	wheeler@cccymca.org	Ages Served:	5yrs-12yrs	Total Capacity:	46
Designated Director:	Lynn Wheeler	Days of Operation:	M-F	Hours of Operation:	3-6pm

Instruction Codes:  = Regulation in Compliance     = 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: 5/17/24

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

- 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM NAME Southern Family YMCA LICENSE NUMBER 70092 DATE OF INSPECTION 5/20/25

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"/>	79.	<input checked="" type="checkbox"/>	(d)(8)	<b>SMOKING</b>
<input checked="" type="checkbox"/>	37. (a)(1)(D)(i)	<b>PARENT PERMISSIONS</b> Emergency medical permission	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	(a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Matches/lighters inaccessible
<input checked="" type="checkbox"/>	(a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/>	82.	<input checked="" type="checkbox"/>	(d)(10)(A)	<b>TOILETING</b>
<input checked="" type="checkbox"/>	(a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	38. (a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(D)	Toileting needs met
<input checked="" type="checkbox"/>	39. (a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(E)	Required toilets/sinks-1:25
<input checked="" type="checkbox"/>	40. (a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	41. (a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/>	42. (a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(G)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>	83.	<input checked="" type="checkbox"/>	(d)(11)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	84.	<input checked="" type="checkbox"/>	(e)(1)	Staff personal articles inaccessible

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"/>	86.	<input checked="" type="checkbox"/>	(e)(4)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	90.	<input checked="" type="checkbox"/>	(e)(2)	Air temp <65°F comfortable
<input checked="" type="checkbox"/>	48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>	91.	<input checked="" type="checkbox"/>	(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(6)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	51. (a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/>	94.	<input checked="" type="checkbox"/>	(e)(7)	<b>TELEPHONE/NUMBERS</b>
<input checked="" type="checkbox"/>	52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>	95.	<input checked="" type="checkbox"/>	(e)(9)	<b>LIGHTING</b>
<input checked="" type="checkbox"/>	57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	96.	<input checked="" type="checkbox"/>	(e)(10)	Enough lighting for comfort
<input checked="" type="checkbox"/>	59. (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	97.	<input checked="" type="checkbox"/>	(e)(12)	Light fixtures shielded/shatter proof
<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"/>	98.	<input checked="" type="checkbox"/>	(e)(13)	Potentially hazardous substances, materials labeled, inaccessible
<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"/>	99.	<input checked="" type="checkbox"/>	(e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	101.	<input checked="" type="checkbox"/>	(e)(17)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	102.	<input checked="" type="checkbox"/>	(e)(18)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	103.	<input checked="" type="checkbox"/>	(f)(1)(A)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	104.	<input checked="" type="checkbox"/>	(g)(1)	Radon test- Results: <u>✓</u> (Schls-N/A)
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	107.	<input checked="" type="checkbox"/>	(g)(4)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	108.	<input checked="" type="checkbox"/>	(g)(5)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	109.	<input checked="" type="checkbox"/>	(g)(6)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	110.	<input checked="" type="checkbox"/>	(j)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	111.	<input checked="" type="checkbox"/>	(h)(1)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(2)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(3)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(4)	<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(5)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(6)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(8)	Playground free from hazards
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(9)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(7)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(7)(B)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(7)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<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"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <u>4/18/24</u>	<input checked="" type="checkbox"/>	109.	<input checked="" type="checkbox"/>	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>	110.	<input checked="" type="checkbox"/>	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>	111.	<input checked="" type="checkbox"/>	(h)(1)	<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>	65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(2)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(3)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(4)	Playground free from hazards
<input checked="" type="checkbox"/>	69. (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(5)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	(c)(5)(B)	Lead Water Test - Date: <u>10/24/24</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(6)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>	(c)(5)(C)	Bact./Chem Test-Date: <u>(N/A)</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(8)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>	70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(9)	Drinking water available/accessible
<input checked="" type="checkbox"/>		<b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results <u>NA</u>	<input checked="" type="checkbox"/>	112.	<input checked="" type="checkbox"/>	(h)(7)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>		Lead Management Plan <u>NA</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(7)(B)	<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(h)(7)(C)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	71. (c)(6)(B-D)	Emergency vehicle access	<input checked="" type="checkbox"/>		<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"/>	72. (d)(2)	Walkways maintained	<input checked="" type="checkbox"/>	114.	<input checked="" type="checkbox"/>	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	73. (d)(3)	Windows protected to prevent falls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors-locks/spring protectors (N/A)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<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: Sandyview Family YMCA SRCC LICENSE NUMBER: 70012 DATE OF INSPECTION: 5/20/25

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

- 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
  - (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
- 176. (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
  - (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. - NA Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

1) Program not operating with children at this time

2) Policy checklist on website. Program must update all required policies to reflect new regulations

3) New Regulations discussed for each number on inspection form

4) Oversight policy must be posted

5) Program must have use of licensed space while not operating or capacity will be reduced. Operating hours 3-6pm M-F

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

Signature of person in charge: Lynn Wheeler  
 Printed Name: Lynn Wheeler

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: 6/3/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandview Family YMCA SAC License # 70012 Date: 5/20/25

Observations/Corrections needed:

violations : program was not in compliance with:

# 35 (i) (i) (2) (A-H) Consultant agreements when agreements for social service consultants did not have new required duties listed on signed contract.

(F) Consultant logs when review of policies and education programs <sup>(P)</sup> plans were not reviewed/ not current

# 39 (c) First Aid supplies when First Aid did not contain tweezers.

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

Signature: *A Lynn Wheeler*  
(Person in Charge)

OEC BY: 4/30/25

Print Name: A Lynn Wheeler