



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



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:	YMCA Child Care Program - Eli	Date of Inspection:	5/21/25	Time of Arrival:	3:05pm
Address:	1130 Huntington Rd Whitney	License Number:	70097	Expiration Date:	11/31/29
Town:	Stratford 06614 Connecticut	Telephone Number:	203-375-5844	Summer Care:	Closed
Operator:	Central Coast YMCA	# of Staff Present:	4	# children Present:	25
Email:	mbernardo@cccymca.org	Ages Served:	5-12yrs.	Total Capacity:	71
Designated Director:	Melissa Bernardo	Days of Operation:	M-F	Hours of Operation:	3-6pm

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	
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 6/19/23	<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 cks/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.	(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-COMLETE/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 31.	(f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 11.	<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"/> 11.	<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 33.	Documentation
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33.	Health & Safety training
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	1% annual hours
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34.	<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(i) Non-swimmers identified
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 34.	<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.	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (e)(6) Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>	<input checked="" type="checkbox"/> 35.	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 35.	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 35.	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 15.	(m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 35.	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 16.	(n) Capacity	<input checked="" type="checkbox"/> 35.	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 17.	(o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 35.	Education
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>	<input checked="" type="checkbox"/> 35.	Health
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 35.	Soc. Serv.
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 35.	Dietitian
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight Policy	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 7a(e)(17) Radon test posted (Schls-N/A)	<input checked="" type="checkbox"/> 35.	

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

PROGRAM NAME: YMCA Child Care Program @ LICENSE NUMBER: 70097 DATE OF INSPECTION: 5/2/25

RECORD KEEPING 19a-79-5a Eli Whitney

PHYSICAL PLANT 19a-79-7a cont.

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. PARENT PERMISSIONS
  - (a)(1)(D)(i) Emergency medical permission
  - (a)(1)(D)(ii) Authorized release permission
  - (a)(1)(D)(iii) Field trip permission
  - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

- 79. SMOKING
  - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
  - (d)(8) Matches/lighters inaccessible
- TOILETING
  - 82.  (d)(10)(A) Shared toilets/sinks-supervision plan
  - (d)(10)(B) Toileting needs met
  - (d)(10)(D) Required toilets/sinks-1:25
  - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
  - (d)(10)(E) Handwashing staff/children
  - (d)(10)(F) Toilets/sinks located at the facility
  - (d)(10)(G) Well lighted/ventilated toilet rooms
  - (d)(10)(H) Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
  - (d)(11) Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 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)

- (e)(1) Air temp < 65°F comfortable
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(4) Portable space heaters prohibited
- (e)(6) Hot water/Steam pipes protected
- TELEPHONE/NUMBERS
  - (e)(7) Working phone on each level
  - (e)(7) Emergency numbers posted-adjacent to phones
  - (e)(7) Parents provided direct on site phone number
- LIGHTING
  - (e)(8) All areas min. 1 foot candle of lighting
  - (e)(9) Enough lighting for comfort
  - (e)(9) Light fixtures shielded/shatter proof
  - (e)(10) Potentially hazardous substances, materials labeled, inaccessible
  - (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
  - (e)(12) Stairs-protected/good repair-handrails
  - (e)(13) Toxic plants/materials inaccessible
  - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
  - (e)(17) Radon test- Results: \_\_\_\_\_ (Schls-N/A)
  - (e)(18) Carbon monoxide detector-each level N/A
  - (f)(1)(A) Program space-adequate-35 sq. ft. per child
  - (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 94. Developmentally app equipment, materials
- 95. Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 96. Indoor climbing play equipment-shock absorbing materials under and around
- 97. No weapons/no facsimile of a firearm
- 98. OUTDOOR SPACE
  - (e)(12) Adequate space- 75 sq. ft. per child
  - (e)(13) Shock absorbing surfaces-minimum 8"
  - (e)(14) Playground free from hazards
  - (e)(15) Nuts, bolts, screws-tight, covered/protected
  - (e)(16) Outside equipment anchored-anchors buried
  - (e)(17) New equip- cert playg. Inspection upon request
  - (e)(18) Drinking water available/accessible
  - (e)(19) Equipment arranged for safety-equip/fences/structures not hazardous
- 99. OUTDOOR PROTECTED/FENCED
  - (e)(14-15) Playground protected from traffic, water, gullies or other hazards
  - (e)(16) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 101. WATER HAZARDS
  - (e)(17) Pools, swimming areas-conforms to DPH (N/A)
  - (e)(18) Wading pools prohibited
  - (e)(19) Hot tubs/spas/saunas-locked/inaccessible (N/A)
- 102. (g)(4)
- 103. (g)(5)
- 104. (g)(6)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 5/24/25
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. WATER SUPPLY - Public/Well (Schools-N/A)
  - (c)(5)(A) Lead Water Test - Date: \_\_\_\_\_
  - (c)(5)(B) Bact./Chem Test-Date: \_\_\_\_\_ (N/A)
  - (c)(5)(C) Drinking water available/accessible
- 70. LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results NR Lead Management Plan NR
- (c)(6)(A) Peeling Paint - Y/N Inside/Outside
- 71.  (c)(6)(B-D) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 76. (d)(5) Overhead doors-locks/spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed

- 107. (g)(4)
- 108. (g)(5)
- 109. (g)(6)
- 110. (j)
- 111.
  - (h)(1)
  - (h)(2)
  - (h)(3)
  - (h)(4)
  - (h)(5)
  - (h)(6)
  - (h)(8)
  - (h)(9)
- 112. (h)(7)
- (h)(7)(B)
- (h)(7)(C)
- 114.
  - (i)
  - (i)
  - (i)

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

**PROGRAM NAME** YMCA Child Care Programs @ Eli Whitney **LICENSE NUMBER** 70097 **DATE OF INSPECTION** 5/21/25

**SCHOOL AGE ENDORSEMENT 19a-79-11** Whitney **MONITORING OF DIABETES 19a-79-13** YN

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** YN

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) New regs discussed at other location  
2) (FM)  
\* NO violations at this visit

**Signature of OEC staff** Fil Montanex  
**Printed Name** Fil Montanex

**Signature of person in charge** Melissa Bernado  
**Printed Name** Melissa Bernado

**OEC DIVISION OF LICENSING**  
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Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@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/>