

**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 Extended Day @ Nicholas	Date of Inspection:	5/20/25	Time of Arrival:	3:15 pm
Address:	3916 Nichols Ave.	License Number:	15046	Expiration Date:	3/31/26
Town:	Stratford 06614	Telephone Number:	203-378-8031	Summer Care:	open
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	3	# children Present:	14
Email:	mbernardo@ccgyrna.org	Ages Served:	5-12 yrs	Total Capacity:	49
Designated Director:	Melissa Bernardo	Days of Operation:	M-F	Hours of Operation:	3-6 pm

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

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

1. (c)(8) Local Health Inspection-Date: 11/15/23

**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. **POLICIES-COMLETE/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)

**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
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 34. **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. **CONSULTANTS**
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PROGRAM NAME Stratford YMCA Extended Daycare LICENSE NUMBER 15046 DATE OF INSPECTION 5/20/25

RECORD KEEPING 19a-79-5a Nichols

- 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

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)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate
- 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. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date:
- (c)(5)(C) Bact./Chem Test-Date:      (N/A)
- (c)(5)(C) Drinking water available/accessible
- 70. (c)(6)(A) LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: no lead identified Lead Management Plan: NA
- (c)(6)(B-D) 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

PHYSICAL PLANT 19a-79-7a cont.

- 79. (d)(8) SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
- (d)(8) Matches/lighters inaccessible
- 82. (d)(10)(A) TOILETING 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)
- 83. (d)(11) Staff personal articles inaccessible
- 84. (e)(1) AIR TEMPERATURE Air temp <65°F comfortable
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- 86. (e)(4) Portable space heaters prohibited
- 90. (e)(6) Hot water/Steam pipes protected
- 91. (e)(6) TELEPHONE/NUMBERS Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- 94. (e)(7) LIGHTING All areas min. 1 foot candle of lighting
- (e)(8) Enough lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials labeled, inaccessible
- 95. (e)(10) Garbage/rubbish-disposed of daily, containers in good repair
- 96. (e)(11) Stairs-protected/good repair-handrails
- 97. (e)(12) Toxic plants/materials inaccessible
- 98. (e)(13) Pets or other animals-in good health, written care plan including access to children
- 99. (e)(14-15) Radon test- Results:      (Schls-N/A)
- 101. (e)(17) Carbon monoxide detector-each level N/A
- 102. (e)(18) Program space-adequate-35 sq. ft. per child
- 103. (f)(1)(A) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- 104. (g)(1) Developmentally app equipment, materials
- 107. (g)(4) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 108. (g)(5) Indoor climbing play equipment-shock absorbing materials under and around
- 109. (g)(6) No weapons/no facsimile of a firearm
- 110. (j) OUTDOOR SPACE Adequate space- 75 sq. ft. per child
- 111. (j) Shock absorbing surfaces-minimum 8"
- (h)(1) Playground free from hazards
- (h)(2) Nuts, bolts, screws-tight, covered/protected
- (h)(3) Outside equipment anchored-anchors buried
- (h)(4) New equip- cert play. Inspection upon request
- (h)(5) Drinking water available/accessible
- (h)(6) Equipment arranged for safety-
- (h)(8) equip/fences/structures not hazardous
- (h)(9) OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards
- 112. (h)(7) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(B) Rooftop play areas-6 ft. wall/barrier (N/A)
- (h)(7)(C) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A)
- 114. (i) Wading pools prohibited
- (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)
- (i) (N/A)

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

PROGRAM NAME	Stratford YMCA Extended Day @ Nichols	LICENSE NUMBER	15046	DATE OF INSPECTION	5/20/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	Nichols	MONITORING OF DIABETES 19a-79-13	Y/N
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<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"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<b>STAFF TRAINING</b> Staff training – first aid
<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	173.	(c)(3)	Equipment provided by parents
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors
<input checked="" type="checkbox"/>		(a)(2)	Labeling and Storage
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>		(a)(3)(C)	<b>MEDICATION TRAINING</b>
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage

<b>ADDITIONAL VIOLATION</b>		
<input checked="" type="checkbox"/>	180.	- NA Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

1) New Regs Discussed at other locations.

2) Policy review checklist available on line (OEC website)

~~FM~~

\*NO violations at this visit.

Signature of OEC staff	<i>Fil Montanye</i>
Printed Name	Fil Montanye

Signature of person in charge	<i>Melissa Bernick</i>
Printed Name	Melissa Bernick

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:	NA
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>	