



**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:	Woodruff Family YMCA John Kennedy	Date of Inspection:	5/29/25	Time of Arrival:	3:00pm
Address:	404 West Ave	License Number:	70315	Expiration Date:	8/31/28
Town:	Milford 06461	Telephone Number:	203-878-650	Summer Care:	closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	18	# children Present:	3
Email:	smarklinsky@cccymca.org	Ages Served:	5yrs.-12yrs	Total Capacity:	75
Designated Director:	Ryan Leworthy	Days of Operation:	M-F	Hours of Operation:	7-8:30am / 3-6pm

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: 10/26/23

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-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. ACCESS
- ✓ 13. (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

- PROFESSIONAL DEVELOPMENT**
- ✓ (a)(2) Documentation
 - ✓ (h)(1) Health & Safety training
 - ✓ (h)(2) 1% annual hours

- 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

- CONSULTANTS**
- ✓ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - ✓ (i) - Consultant agreements-signed annually-agreements complete w/required services
 - ✓ (i)(2)(A-H) (F) Consultant logs-documented activities, observations and required services
 - ✓ (i)(2) (H)(i)-(I)(i) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	1/2
Dietitian	-	✓	

PROGRAM NAME Woodruff Family YMCA John F. Kennedy LICENSE NUMBER 70315 DATE OF INSPECTION 5/29/25

RECORD KEEPING 19a-79-5a Kennedy PHYSICAL PLANT 19a-79-7a cont.

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

<input checked="" type="checkbox"/> 79.		SMOKING
<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"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
		TOILETING
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	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"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	(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
<input checked="" type="checkbox"/>	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	(e)(1)	Air temp < 65°F comfortable
<input checked="" type="checkbox"/>	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
		TELEPHONE/NUMBERS
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
		LIGHTING
<input checked="" type="checkbox"/>	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: (Schls N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	(j)	No weapons/no facsimile of a firearm

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>11/29/22</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well (Schools N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N . Lead Test: Y/N Results <u>no lead identified</u> Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<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

<input checked="" type="checkbox"/>	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	(j)	No weapons/no facsimile of a firearm
		OUTDOOR SPACE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		WATER HAZARDS
<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<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	Woodruff Family YMCA John F.	LICENSE NUMBER	70315	DATE OF INSPECTION	5/29/25
---------------------	------------------------------	-----------------------	-------	---------------------------	---------

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES 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)	STAFF TRAINING 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"/>	173.	(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>		(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"/>		(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	177.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	178.	(e)(2)	
<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.		NONPRESC. TOPICAL MEDICATION 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)	MEDICATION TRAINING Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>		(b)(1)(D)	Rectal medication
<input checked="" type="checkbox"/>		(b)(1)(E)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>		(b)(1)(F)	Training approval documents/certificates
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training outline on file
<input checked="" type="checkbox"/>		(b)(2)(C)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Self-administration documentation
<input checked="" type="checkbox"/>	168.	(b)(6)	Petition for special medication authorization
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Potassium Iodide (KI) emergency distribution–permission and storage
<input checked="" type="checkbox"/>	170.	(d)	(N/A)

ADDITIONAL VIOLATION

<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) Policies to be updated to reflect new Regs. Policy Review checklist located on the OEC website.
 3) Health consultant visit for bi-annual not completed as of yet last day 6/11/25. Health consultant needs to review injury + illness reports quarterly at each site.
 4) Oversight policy must be posted

Signature of OEC staff	F. Montanye
Printed Name	F. Montanye

	Signature of person in charge
Susan Markinsky	Printed Name

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 Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 6/12/25
 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 John F Kennedy License # 70315 Date: 5/29/25

Observations/Corrections needed:

- 5) 1 staff without health+safety training
- 6) 1 staff (director) without documentation of adult medical statement - observed at other location.

violations: Program not in compliance with:

- #40 Individual Care Plans when 2 care plans for children with emergency medication were not observed
- #62 Fire Marshal Certificate when posted and on site certificate was observed expired

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: Phil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/12/25

Signature: [Signature]
(Person in Charge)
Print Name: Susan Marklinsky