

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	YWCA Child Care Center	Date of Inspection:	5-30-25	Time of Arrival:	10 am
Address:	259 East Putnam Ave	License Number:	13164	Expiration Date:	3-31-26
Town:	Greenwich	Telephone Number:	860-23-809-6501	Summer Care:	Open
Operator:	YWCA of Greenwich CT Inc Board of	# of Staff Present:	13	# over 3 Present:	27
Email:	G.Smiles@YWCAgreenwich.org	Total Capacity:	120	Total Under 3 capacity:	48
Designated Director:	Gerri Smiles	Hours/Days of Operation:	M-F 7:30am - 6:00pm		

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

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

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

1. (c)(8) Local Health Inspection-Date: 4-1-24

**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. (c)(1-4) **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
- 14. (l) 2.8 yr olds in prek-authorization
- 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
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10(g)(8) Safe Sleep policy posted -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
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(4)(D) **GROUP SIZE**
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
  - (e)(1) Designated director-training
  - (f)(1) CPR certified program staff
  - (f)(2) First aid certified program staff
- 29. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 30. **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
- 31. (f)(1) **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
- 32. (f)(2)
- 33. (i)(1)(A)-(D)
- 34. (i) -
- 35. (i)(2)(A-H)

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	N/A	N/A	✓

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**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<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

**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"/>	54.	(a)(9)	Kitchen separated (N/A)
<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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<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"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 1-7-25
<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"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> -Public/Well (Schools-N/A)
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: 4-11-25
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b> -
		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results NA
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan NA
		<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	71.	(d)(1)	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"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		<b>AIR TEMPERATURE</b>
		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
		<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
		<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
		<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
		<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)(16)	Measures to prevent vermin
		<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: 1.8 (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, free from rust
		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9)  <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)  <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <b>WATER HAZARDS</b> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. (e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C)  129. (f)(1) (f)(2) (f)(3) (f)(4)  130. (g)(1) (g)(1) (g)(1)  (g)(2) (g)(3)  (g)(4) (g)(5)  (g)(6) (g)(7) (g)(8)  131. (h)(1) (h)(1) (h)(2) (h)(2)  135. (i)(1)(2A-C) 136. (j)  (k)(1) (k)(2) (k)(3) (k)(4) (k)(5)  137. (l)(1)  138. (l)(2)  139. (l)(3)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/developed Cloth diapers-written plan developed <b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)  Outdoor equipment-developmentally appropriate for ages of the children  Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety		
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>					
<input checked="" type="checkbox"/> 115. (a) <input checked="" type="checkbox"/> 116. (a) (1)-(11)  (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <b>EDUCATIONAL REQUIREMENTS</b> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes				
<b>UNDER THREE ENDORSEMENT 19a-79-10</b> <span style="float:right;">Y/N</span>					
<input checked="" type="checkbox"/> 117. (b) <input checked="" type="checkbox"/> 118. (c)(2) <input checked="" type="checkbox"/> 119. (c)(3) <input checked="" type="checkbox"/> 120. (c)(4) <input checked="" type="checkbox"/> 121. (d)(1)(A-C) <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) <input checked="" type="checkbox"/> 123. (d)(2)(B) <input checked="" type="checkbox"/> 124. (d)(2)(C) <input checked="" type="checkbox"/> 125. (d)(2)(D) <input checked="" type="checkbox"/> 126. (d)(2)(E) <input checked="" type="checkbox"/> 127. (d)(3)(A-C) <input checked="" type="checkbox"/> 128. (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail				
<b>UNDER THREE ENDORSEMENT 19a-79-10</b> <span style="float:right;">Y/N</span>			<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right;">Y/N</span>		
<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.	(b) (c) (c)(1) (c)(2)  (c)(3)				
<input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	(d) (e)				
			Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30		

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent		<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures	
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%		<input checked="" type="checkbox"/> 172.	(b)(1)(A)	<b>STAFF TRAINING</b>	
					(b)(1)(B)	Staff training – first aid	
					(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement		<input checked="" type="checkbox"/> 173.	(b)(2)	Training updated at least every 3 years	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		<input checked="" type="checkbox"/> 174.	(b)(3)	Written documentation of training	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> 175.	(c)(2)	Trained staff on site when child is present	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> 176.	(c)(3)	Self-administration - written authorization and under supervision of trained staff	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> 177.	(d)(1)	Equipment provided by parents	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> 178.	(d)(2)	Equipment labeled and inaccessible	
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>		<input checked="" type="checkbox"/> 179.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded	
	(b)(6)	Individual cot/crib with bedding			(e)(1)	Authorized prescriber written order	
	(b)(6)(A)	Sleeping apparel/toiletries labeled			(e)(2)	Written authorization from parent	
	(b)(6)(B)	Required bedding			(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily	
	(b)(6)(C)	Required toiletries					
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly					
	(b)(7)	Sleep arrangements for infants					
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft					
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified					
<input type="checkbox"/> 156.	(b)(10)	Local health approval					
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures		<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)	
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes		<b>DISCUSSIONS/COMMENTS</b> New regulations Provided Policy Chemist with items that need to be updated  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>					
	(a)(2)	Admin/Parent permission/report errors					
	(a)(3)(A-B)	Labeling and Storage					
	(a)(3)(C)	Unused/expired meds destroyed/returned					
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>					
	(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					
<input 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 <input checked="" type="checkbox"/> (N/A)					
<b>Signature of OEC staff</b>	Cathy Anderson			<b>Signature of person in charge</b>	Geri Smiles		
<b>Printed Name</b>	Cathy Anderson			<b>Printed Name</b>	Geri Smiles		
<b>OEC DIVISION OF LICENSING</b>				Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103				Written Corrective Action Plan		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>	
Help Desk: (800)282-6063 or (860)500-4450				Due by: 6-13-25			
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>							

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: YWCA Child Care Center License # 13164 Date: 5-30-25

Observations/Corrections needed:

Regulation not in compliance when:

111(h)(3) - U3'S playground has a shed that is cracking on the bottom and rough to the touch

161 - 2 forms do not have the parent section complete and

166 - Epi-pen on site expired 2/25

↳ 2 medications without forms

38 - 4 Child health records have Part II not complete

Discussed

Program director confirmed 3 staff not cleared in BCIS do not provide direct care, if staff do they must be cleared through BCIS

**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: Cathy Anderson  
(OEC Representative)  
Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Geni Smiles  
(Person in Charge)  
Print Name: Geni Smiles

OEC BY: 6-13-25