

**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 Prog <sup>d</sup>	Date of Inspection:	6/3/25	Time of Arrival:	3:15pm
Address:	600 Wilcoxon Ave <sup>Wilcoxon school</sup>	License Number:	70099	Expiration Date:	11/31/29
Town:	Stratford 06614	Telephone Number:	203-375-5844	Summer Care:	Closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	2	# children Present:	8
Email:	mbernardo@cccyymca.org	Ages Served:	5-12yrs	Total Capacity:	44
Designated Director:	Melissa Bernardo	Days of Operation:	M-F	Hours of Operation:	3:00pm-6:00pm

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**

1. (c)(8) Local Health Inspection-Date: 11/6/23

**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.	<b>POLICIES-COMLETE/IMPLEMENTED</b>
✓ (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.	<b>ACCESS</b>
✓ (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.	<b>POSTINGS</b>
✓ 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)	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**

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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

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

PROGRAM NAME: Ymca Child Care Prog @ Wilcoxon School LICENSE NUMBER: 70099 DATE OF INSPECTION: 6/3/25

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"/> 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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b>
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		Matches/lighters inaccessible
		<b>TOILETING</b>
<input checked="" type="checkbox"/> 82.	<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)(D)	Required toilets/sinks-1:25
	<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"/> 83.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 84.	(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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	(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
	(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"/> 86.	(e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 90.	(e)(2)	Air temp <65°F comfortable
<input checked="" type="checkbox"/> 91.	(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(6)	Portable space heaters prohibited
		Hot water/Steam pipes protected
		<b>TELEPHONE/NUMBERS</b>
<input checked="" type="checkbox"/> 94.	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
<input checked="" type="checkbox"/> 95.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 96.	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 97.	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 98.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 99.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 101.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 102.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 103.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 104.	(e)(17)	Radon test- Results: <u>          </u> (Schl-N/A)
<input checked="" type="checkbox"/> 107.	(e)(18)	Carbon monoxide detector-each level (N/A)
<input checked="" type="checkbox"/> 108.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 109.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 110.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 111.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 112.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 113.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 114.	(h)(1)	<b>OUTDOOR SPACE</b>
	(h)(2)	Adequate space- 75 sq. ft. per child
	(h)(3)	Shock absorbing surfaces-minimum 8"
	(h)(4)	Playground free from hazards
	(h)(5)	Nuts, bolts, screws-tight, covered/protected
	(h)(6)	Outside equipment anchored-anchors buried
	(h)(8)	New equip- cert playg. Inspection upon request
	(h)(9)	Drinking water available/accessible
		Equipment arranged for safety-equip/fences/structures not hazardous
		<b>OUTDOOR PROTECTED/FENCED</b>
	(h)(7)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		<b>WATER HAZARDS</b>
	(i)	Pools, swimming areas-conforms to DPH (N/A)
	(i)	Wading pools prohibited
	(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>8/26/24</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.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>          </u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>          </u> (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results: <u>approved LMP</u> Lead Management Plan: <u>3 months</u>
		Peeling Paint - <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/> 71.	(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"/> 109.	(g)(6)	
<input checked="" type="checkbox"/> 110.	(j)	
<input checked="" type="checkbox"/> 111.		
<input checked="" type="checkbox"/> 112.	(h)(1)	
	(h)(2)	
	(h)(3)	
	(h)(4)	
	(h)(5)	
	(h)(6)	
	(h)(8)	
	(h)(9)	
<input checked="" type="checkbox"/> 113.	(h)(7)	
<input checked="" type="checkbox"/> 114.	(h)(7)(B)	
	(h)(7)(C)	

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

PROGRAM NAME	Ymca Child Care Prog @ Wilcox	LICENSE NUMBER	70099	DATE OF INSPECTION	6/3/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	School	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)	<u>SCHEDULE - ACTIVITIES</u>
	(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Designated Head teacher approved- 60%

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

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.	(a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>
	(a)(3)(A-B)	Admin/Parent permission/report errors
	(a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/> 160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned
	(b)(1)(D)	<u>MEDICATION TRAINING</u>
	(b)(1)(E)	Medication training-general-oral/top/inhalant
	(b)(1)(F)	Injectable premeasured autoinjector medication
	(b)(2)(A-B)	Rectal medication
	(b)(2)(C)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Training outline on file
		Authorized prescriber/parent permission
		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

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

DISCUSSIONS/COMMENTS

1) New Regs  
 2) Health consultant quarterly visit must be documented  
 3) Policy Review with new Regs at next visit  
 \* no violation at this visit

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

Signature of person in charge	<i>Suzanne Richards</i>
Printed Name	Suzanne Richards

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:	<i>yja</i>
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>	