

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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:	Northwest Ymca childcare	Date of Inspection:	5/30/25	Time of Arrival:	9:00
Address:	259 Prospect St.	License Number:	13419	Expiration Date:	6/30/26
Town:	Torrington	Telephone Number:	(810) 489-3133	Summer Care:	Open
Operator:	Northwest CT Ymca	# of Staff Present:	7	# over 3 Present:	16
Email:	jfreer@nwcty.org	Total Capacity:	168	Total Under 3 capacity:	24
Designated Director:	Jana Viets	Hours/Days of Operation:	M-F 4-6:00pm	# under 3 Present:	5
				Ages Served:	4wks - 12yr

Instruction Codes: = Regulation in Compliance = 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: 3/5/24

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. **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

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. **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
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 33. **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
- 34. **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) JF Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. **CONSULTANTS**

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	X	✓	✓
Soc. Serv.	X	X	X
Dietitian	X	X	X

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Northwest Ymca childcare	LICENSE NUMBER	13419	DATE OF INSPECTION	5/30/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	(a)(1)(D)(i)	PARENT PERMISSIONS
<input checked="" type="checkbox"/>		(a)(1)(D)(ii)	Emergency medical permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iii)	Authorized release permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	45.	(a)(4)	Notify DPH, local health-reportable diseases 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.	(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)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 4/2/25
<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.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: 4/4/25
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results Pl 47 -
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan
<input checked="" type="checkbox"/>			Peeling Paint - Y/N Inside/Outside

<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.		SMOKING
<input type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input 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.		TOILETING
<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.		AIR TEMPERATURE
<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"/>	86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.		WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.		TELEPHONE/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
<input checked="" type="checkbox"/>	94.		LIGHTING
<input checked="" type="checkbox"/>		(e)(8)	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"/>	95.	(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	96.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	97.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 1-2 (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Northwest YMCA

LICENSE NUMBER

13419

DATE OF INSPECTION

5/30/25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
<input type="checkbox"/>	(h)(1)	Adequate space- 75 sq. ft. per child
<input type="checkbox"/>	(h)(2)	Shock absorbing surfaces-minimum 8"
<input type="checkbox"/>	(h)(3)	Playground free from hazards
<input type="checkbox"/>	(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input type="checkbox"/>	(h)(5)	Outside equipment anchored-anchors buried
<input type="checkbox"/>	(h)(6)	New equip- cert play. Inspection upon request
<input type="checkbox"/>	(h)(8)	Drinking water available/accessible
<input type="checkbox"/>	(h)(9)	Equipment arranged for safety-equipment/fences/structures not hazardous
<input type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCED</u>
<input type="checkbox"/>	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input 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"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>	(i)	Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

128.	<input checked="" type="checkbox"/> (e)(2)	<u>DIAPERING cont.</u>
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (f)(2)	<u>LINENS/CLOTHING</u>
	<input checked="" type="checkbox"/> (f)(3)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(4)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
	<input checked="" type="checkbox"/> (g)(2)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(3)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(5)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(7)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (h)(2)	Safe sleep policies - parents informed
	<input checked="" type="checkbox"/> (h)(2)	<u>TOYS AND OTHER OBJECTS</u>
	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
	<input checked="" type="checkbox"/> (i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 135.		No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> 136.	(j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (k)(1)	Health consultant visits/documentation
	<input checked="" type="checkbox"/> (k)(2)	<u>FEEDING</u>
	<input checked="" type="checkbox"/> (k)(3)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input checked="" type="checkbox"/> (k)(4)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (k)(5)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 137.	(l)(1)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (l)(2)	Baby food served from dish or whole jar
	<input checked="" type="checkbox"/> (l)(3)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 138.		Bottles spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/> 139.		Outdoor spaced fenced-4 ft appropriate for ages of the children
		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
	(1)-(11)	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
	(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>
	(e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<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
	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.		Group size- max. 30

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SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13	Y/N
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<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)	STAFF TRAINING Staff training – first aid
						(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
						(i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)				Y/N			
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	Training updated at least every 3 years
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>		(b)(2)	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"/>		(b)(3)	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"/>		(c)(2)	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"/>		(d)(1)	Equipment provided by parents
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/>	(b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(e)(1)	Authorized prescriber written order
		<input type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(e)(2)	Written authorization from parent
		<input type="checkbox"/>	(b)(6)(B) Required bedding	<input checked="" type="checkbox"/>		(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
		<input type="checkbox"/>	(b)(6)(C) Required toiletries				
		<input type="checkbox"/>	(b)(6)(D) Bedding/sleeping apparel laundered weekly				
		<input type="checkbox"/>	(b)(7) Sleep arrangements for infants				
	154.	(b)(8)	Air temp 65 °F at 3 ft				
	155.	(b)(9)	Fire marshal approval-hours specified				
	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a	Y/N	ADDITIONAL VIOLATION
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<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"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				(N/A)
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION	<p>DISCUSSIONS/COMMENTS</p> <p>policy review checklist provided during inspection highlighting changes to the child care center regulations effective Oct 16, 2024. Program must ensure policies updated to reflect new requirements.</p> <p>TA given on new regulations all items <input checked="" type="checkbox"/> were either in compliance or discussed at visit</p> <p>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</p>			
		<input checked="" type="checkbox"/>	(a)(2) Admin/Parent permission/report errors				
		<input checked="" type="checkbox"/>	(a)(3)(A-B) Labeling and Storage				
		<input checked="" type="checkbox"/>	(a)(3)(C) Unused/expired meds destroyed/returned				
	160.		MEDICATION TRAINING				
		<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 (N/A)				

Signature of OEC staff	Signature of person in charge
Jaime Fortin	Jana A Wets
Printed Name	Printed Name
Jaime Fortin	Jana A Wets

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: 4/13/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwest Ymca License # 13419 Date: 5/30/25

Observations/Corrections needed:

18(10)(9)(8): safe sleep policy not posted | parent informed

35(1)(1)(2)(A-H) Consultant Agreements not updated with required services

35(F): ~~Consultant logs - social service/dietitian annual policy review not observed (located)~~

Discussed: reference checks; Manufactures guidelines (pack n play little tykes) renovations (google lens)

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] Print Name: [Name] (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/13/25

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